The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR NOVEMBER, 1934

Future of Public Health Nursing	*Elizabeth L. Smellie*	509
The Resolutions	*Ruby M. Simpson*	513
Canada Calling		515
The Calgary Experiment		516
We Exchange		517
Nightingale Memorial Foundation	*Grace M. Fairley*	518
Some Appointments		519
Correspondence		520
The Editor's Desk		521
Selection of Students	*M. Blanche Anderson*	522
New Frontiers in Public Health Nursing	*Sybil H. Pease*	524
What Do You Think About It?		529
Compulsory Registration		530
Book Reviews		531
Notes from The National Office		532
Off Duty		536
News Notes		538
Official Directory		545

Subscription Price: $2.00 per year; foreign and United States of America. $2.50; 20 cents a copy.
Combination, with *The American Journal of Nursing*, $5.25. Cheques and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.

Please address all correspondence to:
Editor, *The Canadian Nurse*, 1411 Crescent Street, Montreal, P.Q.

The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR NOVEMBER, 1934

Future of Public Health Nursing	*Elizabeth L. Smellie*	509
The Resolutions	*Ruby M. Simpson*	513
Canada Calling		515
The Calgary Experiment		516
We Exchange		517
Nightingale Memorial Foundation	*Grace M. Fairley*	518
Some Appointments		519
Correspondence		520
The Editor's Desk		521
Selection of Students	*M. Blanche Anderson*	522
New Frontiers in Public Health Nursing	*Sybil H. Pease*	524
What Do You Think About It?		529
Compulsory Registration		530
Book Reviews		531
Notes from The National Office		532
Off Duty		536
News Notes		538
Official Directory		545

Subscription Price: $2.00 per year; foreign and United States of America. $2.50; 20 cents a copy.
Combination, with *The American Journal of Nursing*, $5.25. Cheques and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.

Please address all correspondence to:
Editor, *The Canadian Nurse*, 1411 Crescent Street, Montreal, P.Q.

ON DUTY

OFF DUTY

MONTREAL GRADUATE NURSES' ASSOCIATION REGISTER

Nurses Called Day or Night

Telephone PLateau 7841

KATHLEEN BLISS, Reg. N.,
Registrar,

1230 Bishop St., MONTREAL, P.Q.

Club House Phone PL. 3900.

The Central Registry of Graduate Nurses, Toronto

Furnish Nurses at any hour
DAY OR NIGHT

Telephone Kingsdale 2136

Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO

HELEN CARRUTHERS Reg. N.

The Central Registry Graduate Nurses

Phone Garfield 0382

Registrar:
ROBENA BURNETT, Reg.N.
91 Balsam Ave., Hamilton, Ont.

THE
Manitoba Nurses' Central Directory

Phone 27 700

510 MEDICAL ARTS BUILDING
Winnipeg, Man.

FOR ACCURATE DOSAGE » » »

GENUINE

PHILLIPS' MILK OF MAGNESIA TABLETS

As an antacid and laxative, Genuine Phillips' Milk of Magnesia has long been depended upon by the medical profession, because of its purity and uniform composition.

Now, to assure even greater accuracy of dosage, Genuine Phillips' Milk of Magnesia is obtainable in compact, tasty tablets.

Each tablet represents one teaspoonful of Genuine Phillips' Milk of Magnesia. As an antacid for adults the usual dose is from 2 to 4 tablets; as a mild laxative 4 to 8 tablets.

For patients who are away from home during the day, the new tablet form offers the convenience of being easily carried on the person — ready for use at all times in all places.

Supplied in compact tins of 30 and bottles of 75

PHILLIPS'
Milk of Magnesia

Prepared only by
The Chas. H. Phillips Chemical Co.
WINDSOR, ONTARIO

Selling Agents:
The Wingate Chemical Co. Ltd.
MONTREAL, QUEBEC

LIPPINCOTT BOOKS

IN LOOSE LEAF FORM

ETHICS NOTEBOOK FOR NURSES—By Elizabeth M. Jamieson, R.N., and Mary Sewall, R.N., Fabiola Hospital, Oakland, California - - - - - **$2.00**
Each card represents a common starting point for students and instructor.

HISTORY OF NURSING NOTEBOOK—By Jamieson and Sewall - - **$2.00**
To add interest and aid the memory the cards are colored: Red for war periods; Yellow to Orange for periods of advance and development; Blue for periods of depression and deterioration; White for other phases of nursing history.

MATERIA MEDICA NOTEBOOK FOR NURSES—By Mary Sewall, R.N. - **$1.75**
It is the purpose of this Guide Note-Book to group drugs into as few classifications as possible and in such manner as to make a clear-cut impression upon the mind of the students.

WARD STUDY UNITS IN MEDICAL NURSING—By Florence K. Wilson, R.N., Western Reserve University, School of Nursing, Cleveland, Ohio - **$2.00**
These Ward Study Units have been designed to help the student find the facts which she needs in studying the patients to whom she gives care.

NURSING MANUAL OF GYNECOLOGY AND OBSTETRICS—By M. Cordelia Cowan, R.N., Educational Director of the Women's Hospital, N.Y. **$2.75**
The book deals with the minute details in the performance of nursing procedures used in the care of gynecological and obstetrical patients.

NOTE: We allow hospitals a discount of 20% on Lippincott books when orders sent direct to Montreal office.

J. B. LIPPINCOTT COMPANY 525 CONFEDERATION BUILDING MONTREAL

LIPPINCOTT BOOKS

School for Graduate Nurses

McGILL UNIVERSITY

COURSES OFFERED

Teaching in Schools of Nursing

Supervision in Schools of Nursing

Administration in Schools of Nursing
(Not Given 1934-35)

Public Health Nursing

Supervision in Public Health Nursing

A *certificate* is granted upon successful completion of an approved programme of studies, covering a period of *one* academic year, in any of the above courses.

A *diploma* is granted upon successful completion of a major course, covering a period of *two* academic years.

For information apply to:

SCHOOL *for* GRADUATE NURSES
McGill University, Montreal

Children's Memorial Hospital

MONTREAL, CANADA

POST-GRADUATE COURSE IN PAEDIATRIC NURSING

A three months course is offered to Graduate Nurses which includes systematized theoretical instruction and supervised clinical experience in the following services:

General Hygienic Management and Nursing of Children.

Nursing Care and Feeding of Infants.

Nursing Care of Orthopaedic Patients.

Medical Asepsis and Cubicle Technique.

A certificate will be granted upon the successful completion of the course.

Full maintenance will be provided.

For further particulars apply to:

THE SUPERINTENDENT OF NURSES
CHILDREN'S MEMORIAL HOSPITAL,
Montreal

The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

VOL. XXX MONTREAL, QUE., NOVEMBER, 1934 No. 11

THE FUTURE OF PUBLIC HEALTH NURSING

ELIZABETH L. SMELLIE, C.B.E., Chief Superintendent, the Victorian Order of Nurses for Canada.

It would be a reckless even if optimistic individual who would venture to foretell the future under present conditions, nevertheless, that "we walk by faith, not by sight" gives me courage to proceed with my forecast although five years from now neither you nor I may see things in quite the same light. Dr. Cabot said recently: "I suggest to you that we have heard too much of the cost of medical care and not enough of the requirements of satisfactory medical service. An important part of this whole problem of supplying satisfactory medical care will be found to lie in the provision of sufficient public health and welfare nursing to stop the innumerable gaps between the knowledge and the application of medical service."

The future preparation of the public health nurse should not differ fundamentally from that of any other nurse because all would receive the same basic training. Public health nursing is just as much a part of the development of an adequate health service as is nursing essential to and tied up with medical care at home. The future of public health nursing is dependent on many factors, social, economic and evolutionary. Some of these are: the advance of medical science and medical practice; the attitude of hospitals, their advisory medical boards and administrations towards such questions as budgets for training schools apart from hospitals; adequate teaching staffs with public health preparation; maintenance of sufficient graduate staff; a longer probation or testing period for the undergraduate student; adaptation of, not necessarily additions to, curricula; reduction of the number of graduates, through careful selection, with due regard to the ability of the community to absorb them later; extension of training or the withholding of diploma during a trial period following graduation.

Factors in development

More specifically the development of public health nursing must depend in the future upon:

The effective application of knowledge to health organization. As Dr. Kinlock once said: "The achievements of medical research are already far in advance of their application to practical living, and the failure of application dictates a closer relation between the universities which are the main centres of research, and the local authorities, which are through their preventive and curative services, the agents to apply the guidance of biological truth to the community."

The provision of medical care, including nursing, for those otherwise unable to secure it.

If the nurse's training is to continue to be the basic requirement, the intake of and standard maintained by public health nursing organizations must depend upon the type of

An address delivered at the Biennial Meeting of the Canadian Nurses Association in Toronto, June 27, 1934.

student admitted to and graduated from hospital and her qualifications, personnally and academically.

The employment of full-time and well-qualified public health personnel in departments and organizations.

The ability of the public health nurse to work with and through the medical and nursing professions and with other people and organizations.

The appreciation of public health workers of the necessity of interesting legislators and laymen in health in order to secure their interest and co-operation.

In so far as the individual nurse is concerned, and until such time as undergraduate training provides additional opportunities, postgraduate affiliations in paediatrics, obstetrics, communicable disease, mental hygiene and psychiatry.

Extension of supervision and consultant services.

More refresher courses.

Advanced postgraduate work for those meaning to specialize, or to do administrative work.

More adequate training in obstetrics.

Provision for home helpers or visiting housekeepers.

A broader type of registry or bureau to supply the type of service required. Eventually, registration of all health workers.

A public health associate-secretary or consultant service available from the National Office of the Canadian Nurses Association.

Undoubtedly the future will reveal greater assumption of responsibility on the part of official health departments. One would sincerely hope this might evolve, preferably with greater departmental administrative powers, but with active participation and professional direction on the part of the medical and nursing professions in any proposed health plan.

Health Insurance

Another future possibility is health insurance and the rôle of the nurse in any such prospective undertaking is of interest. The problem from the nurse's point of view is this, that few if any, insurance plans include nursing as an essential part of an insurance scheme. To quote from a recent article in the *Nursing Times*:

There is one thing, however, which is not provided by the State, and that is home nursing. Speaking in 1911, in connection with the National Health Insurance Act, Mr. Lloyd George said, "Any system of doctoring is hopelessly insufficient which is not supplemented by a good system of nursing." These words were spoken when advocating a nursing benefit in connection with the Act but though twenty years have elapsed the National Insurance Act does not include a nursing benefit except in the case of a few approved societies who offer it as an additional benefit.

Organization and Correlation

Surely it behooves us in thinking of the future to bestir ourselves to make concrete and constructive suggestions. Whenever insurance schemes do evolve there is extension of benefits in any event, so why not in the future try to visualize two divisions of departmental health activity, the work of both sections correlated, with occasional interchange of workers, along these lines:

Further provision for extension and development of health education work.

Linking up and making full use of all medical resources already available in the hospital and home, subsidizing them when indicated and demanding a satisfactory return in terms of service.

The nurse doing health work from the educational viewpoint, with only occasional demonstration, can cover a much wider territory. In the larger centres where specialization is indicated, and in the rural areas where distances are great and natural conditions complicated it will be a long time before either, in the one case, a sufficient number of visiting nurses can be engaged to cover the whole territory, or, in the other, that adequate nursing care can reasonably be provided unless through municipal or township hospitals or outposts.

Registration of all public health officials, including nurses, provides food for thought. Unless there were a waiver over a number of years, and because at present the necessity still exists for employing half-time and not invariably fully-qualified personnel, premature

registration might lead to greater confusion and difficulty than exists at present. Instead, every effort might be made to strenghten the position of the officials we already have.

Educational Opportunities

The one-year public health nursing courses as at present given, must be continued but I think we may as well face the fact that not every nurse who graduates or who takes postgraduate training, is keen to nurse or has the personality to fit her for it. She may have made a mistake in her vocation: her flair may be for administration or teaching. Our ambition is to have more public health teachers in schools of nursing and it is our responsibility to prepare them so that we are not found wanting when the schools send out the appeal: "Come over and help us." Present day training is not sufficient to equip for public health or social work and in the meantime, other things being equal, university public health training should continue to be the usual requirement for a public health nursing position. In considering both present and future needs each department and organization might well build up a sound system of staff education to meet its individual requirements.

Obstetrical Nursing Care

Here may I refer to one subject which I feel has been side-stepped by both physicians and nurses. Our present teaching in obstetrics is inadequate. Nurses on the whole are fearful of it. I wish that we might have a joint committee from the Canadian Medical Association, the Canadian Public Health Association and the Canadian Nurses Association to study this matter. The same conditions do not prevail in Canada as abroad where the mid-wife is firmly established, her ability recognized and her duties outlined by the best obstetrical authorities and where supervision can more easily be provided and the standard is constantly being raised. To quote from a report made on my return from Europe two years ago:

> I do not find myself entirely in agreement with those authorities in the medical and nursing professions who are enthusiastic for the introduction of the midwife into this country. The field is limited and the difficulty of obtaining emergency assistance presents complications just as does the possible isolation from medical services, and adequate supervision. I have an idea, not based absolutely on fact, that what we need is a fully-qualified public health nurse, with additional obstetrical training.

It has been an appalling thing to have had to compel nurses to face situations necessitating their being called upon to deliver patients with the limited preparation they have had, and some plan should be evolved whereby more intensive training in obstetrics can be obtained; not to launch midwives as such, but as occasion demands to be able to send to such districts as require her, a type of individual who would really be primarily an exceptionally well-qualified public health nurse, yet who incidentally might serve in an emergency. There may also be a field for obstetrical nursing assistants, as there is for obstetrical supervisors. Skilled nursing service, even where available on a visit basis and under medical direction, is not used during the complete maternity cycle to full capacity. Why is this? There is a place in the general scheme for the home helper or visiting housekeeper, working under nursing supervision; we may as well recognize it and have her properly registered and supervised.

What of the Future?

What does the future hold for the public health nurse? I do not know. Do you? May one venture to suggest, that surely nursing education is concerned, not alone with undergraduate preparation but with postgraduate work and the opportunity of future appointments for nurses graduating. Consequently, it is essential that private duty and public

health should be generously represented and take an active part in nursing education sessions. Just as institutional nurses, whether in an administrative or staff capacity, may well have their own section, public health and private duty nurses might prove equally effective on a joint committee where nursing education is the common problem of all.

There are those in the public health field who believe the time has come to merge educational and curative services. Must we not creep before we walk? One feels just a little apprehensive lest too much is being demanded of the long-suffering public health nurse without due consideration of her physical and human limitations and her natural desire to do a more finished job. It can be done, but a teaching programme including visiting nursing implies a smaller area with a concentrated population. Shall we not probably accomplish more in the end if we attempt meanwhile to link up existing services?

Recent studies indicate that individual specialties in public health work have not been developed as they should have been and apparently there is need for setting up standards of administrative procedures in each field. When official departments have undertaken bedside nursing, because of the overwhelming amount of educational work to be done, it has only been possible to give a limited service. After being away from nursing for a number of years, the urge to undertake it is not likely to be so spontaneous nor are opportunities sought for demonstration. This is perfectly natural because routines and treatments change —all the more reason for occasional return to hospital. On the other hand, nurses developing a bedside nursing programme may be prone to neglect their exceptional opportunity for teaching with the result that during their visits and in between times, they too frequently accept responsibilities which should be left with the family.

Visiting nurses have need to extend rather than to limit their particular type of service so that in working out future plans they can collaborate with registries and private duty nurses. Consequently there seems reason to believe that, while due consideration should be given to the territory to be covered and the service required, it is likely that for some years to come, two types of public health nurses will be required with their duties properly correlated and with understanding and effective leadership and supervision. We must continue to depend on the universities for research and upon organizations, official and unofficial, for the pooling of knowledge and experience and for experiment along various lines.

Keeping in Touch

May I repeat, from none of our future plans can we afford to exclude the public or to overlook the necessity for bringing them along with us, whether as citizens, patients, contributors or benefactors, through their responsibilities on hospital boards, as advisers to health departments or in administering voluntary organizations. Recently Edward C. Lindeman said: "The moment community planning is done by professionals we have an autocracy—professionals should be retained by the people effectively to carry out the demands and plans that the public have made. This implies an enlightened population."

The Letter and the Spirit

It will be a forward step when it is fully appreciated that the hospital, in so far as the pupil nurse is concerned, is the practice field: care of the sick is the direct objective. Nevertheless this is apt to become a one-sided training unless the patient is recognized as a member of a family and of a community and his illness is studied in relation to its cause

and effect. Much curative work is preventive; to understand deviations implies a better understanding of the normal and a permeation of that attitude throughout the training period. Hence the need for instructors, themselves imbued with the public health viewpoint, and for additional emphasis on paediatrics, obstetrics, communicable disease and mental hygiene from the preventive angle. Dr. Etienne Burnet, of the Pasteur Institute, has said:

If we consider but the letter, it may be thought to be a small matter, but not if we look at the spirit. The new objective will be social, positive and preventive no less than curative medicine, in the scientific as well as the practical aspect, aimed at promoting health, combating degeneration and improving the human race. The value of rules and curricula will depend on the extent to which they embody this spirit. We can only start from what we know and seek to discover from present conditions, which are already an improvement on the past but which we cannot regard as final, the tendencies that will prevail in a future which can only be dimly discerned. Above all, we must find out in what direction we are moving.

THE RESOLUTIONS

RUBY M. SIMPSON, President, Canadian Nurses Association

Resolutions invariably excite interest. Stripped of the personality of speakers, of the enthusiasm and inspiration engendered by contact with others of one's own profession, they may be interpreted as the practical and tangible outcome of an association meeting, one gauge by which its success may be judged. The Resolutions of the recent Biennial meeting of the Canadian Nurses Association, printed elsewhere in this *Journal*, should, therefore, be read with the keenest interest by every nurse. In them will be found the objectives of the Association for the next two-year period.

At first glance these Resolutions appear a bit overwhelming and bewildering and we find it none too easy to see their import clearly. There are business Resolutions for the attention of executive officials; there are Resolutions affecting financial committments and obligations, the Florence Nightingale Memorial Foundation for instance, regarding which planned action is definite; there are Section Resolutions, prominent among them being the task which the Private Duty Section has set itself, in a study to define the function, the preparation and the place in community service of its own group; there are policy Resolutions, one of which sets out definitely non-affiliation of the Canadian Nurses Association with other national organizations and which means withdrawal from affiliations and memberships now held. All of these are important and the nurse who would know her Association and its work should be familiar with them.

The Resolutions, however, which make an insistent demand for immediate attention are those which suggest new plans and are, in a sense, a call to action. They are the outcome of careful study in previous years, so that the need is well known; they were formulated following full discussion at the Biennial Meeting and were in each case supported by provincial association representatives. The first concerns Dominion registration for nurses. It calls for a national study committee on which each province will have representation and the report of which, when presented in 1936, will, it

is hoped, lead to definite action in a matter long discussed and now timely.

The second concerns the licensing of all who nurse the sick for hire. Provincial committees are to be formed, not only for study but also for action in this matter. It presents knotty problems. The keenest minds and strongest wills will be needed for their solution. At the earliest possible moment these committees should formulate plans and endeavor to get the necessary machinery in motion. Progress reports will be eagerly awaited.

The third venture also calls for provincial action and must not be confused with the one just mentioned. It is to be an experiment in an entirely new form of Registry, in an attempt to make all types of nursing service available to the public. Such a Registry will enrol both graduates and non-graduates, will try to place a group of its nurses on a monthly salary and will be governed by a Board comprised of representatives from all branches of nursing, which will work out plans for direction and supervision of the service. Funds will be required for so ambitious an undertaking and provision for this is made through money grants of a stated amount from provincial and national associations, for one such effort in each province.

Anyone who is inclined to question the need for these efforts should read and re-read the first article in the September number of the *Journal*—"Towards Action." This article might well be read in local or provincial meetings, as a preparation for that attitude of mind which every nurse member must have, if success in these new ventures is to be assured. The evidence presented is indisputable.

To the projects outlined, serious attention is directed and active participation and co-operation urged. National and Provincial Joint Study Committees will lend every possible assistance but every nurse must do her part. No thought is entertained that achievement will be simple. There will, indeed, be perplexities, discouragements and obstacles in plenty. But what are obstacles for, if not to be overcome? Ten thousand Canadian nurses will refuse to be deterred in efforts which they are convinced are for the improvement of conditions among those who require nursing care and those who proffer it.

The Resolutions of the Silver Jubilee meeting are, indeed, the guide-posts for our further journey.

The Resolutions referred to by the President of the Canadian Nurses Association will be found in this issue under the caption of *Notes from the National Office*.—EDITOR.

ECHOES FROM BRITAIN

The September issue of the *British Journal of Nursing* devotes generous space to a description of the Biennial Meeting in Toronto. In her leading editorial under the caption of "The Care of Life" Mrs. Bedford Fenwick in speaking feelingly of the death of Dean Ira Allan MacKay recalls that the Watchword of the International Council of Nurses until 1912 was: "Life, Life in its depth, variety and majesty."

The portrait of the new President of the Canadian Nurses Association, Miss Ruby Simpson, O.B.E., adorns one of the pages and excerpts are given from the addresses of the retiring president, Miss Florence H. M. Emory and President Wallace. Speaking of the Pageant, Mrs. Bedford Fenwick closes with these words: "We on this side of the Atlantic wish that it had been possible for it to be witnessed not by nurses in Canada only, but by *all nurses* throughout the world."

CANADA CALLING

It is taken for granted by the people of Canada that in time of war or other national emergency they can count upon Canadian nurses to respond promptly to the call of duty. But if that call came tomorrow the response would be slow and halting. Why? Because many of us have not availed ourselves of the opportunity to enrol afforded us under the joint auspices of the Canadian Nurses Association and the Canadian Red Cross Society.

Just to make sure that all our readers will know what to do about it, Miss Ruby Hamilton, convener of the committee on national enrolment of nurses of the Canadian Nurses Association, has prepared these concise instructions:

How to Enrol

It is necessary to be a member of the Canadian Nurses Association to be on enrolment for service in war or disaster. If you are a member of your provincial nurses association you automatically become a member of the Canadian Nurses Association and are eligible for enrolment. The secretary of your provincial nurses association will supply you with an application form. Fill it in and return it to her and she will forward it to the provincial division of the Canadian Red Cross. There is no fee for enrolment. The register of enrolled nurses is kept in the office of the Canadian Red Cross Society in each province. If you are enrolled you will receive at regular intervals a communication from the Provincial Red Cross Society, to which you should reply, in order that your file may be kept up to date with reference to present address and continued willingness to serve your country in case of war or disaster. The national office of the Canadian Red Cross Society transmits to the Director-General of Medical Service at Ottawa a complete list of the names of all nurses enrolled and available for service yearly. Is your name on this list?

The *Journal* is glad to give all the publicity it can to this enterprise and is much encouraged by the kindly appreciation expressed in a recent letter from Dr. J. L. Biggar, National Commissioner of the Red Cross Society:

I must congratulate you most sincerely upon the admirable article in the September issue of *The Canadian Nurse* on the enrolment of nurses for emergencies. I am quite sure that if the nurses in this country realize just the points you make that the effect upon the enrolment will be marked. There are three main enemies to defeat if the scheme is to be successful: indifference, procrastination and ignorance. Articles such as the one you have just published will be a very real help in defeating them.

Indifference, procrastination and ignorance; but you cannot say *now* that you do not know how to enrol.

Emergency Service

After the preceding paragraphs had been prepared for publication the following communication, addressed to the editor, was received from Miss Helen Randal, R.N.:

The caption of "National Enrolment" and the article under that title appearing in the September issue has roused me to the point of writing you. I thought the title a printer's error until I read the article. In checking up the August issue for reports I find the same title, though under it is placed what I had thought to be the only correct title for any such committee existing, viz.: National Joint Committee, Enrolment of Registered Nurses for Emergency or War Service.

As the primary purpose for which the committee stands is "Emergency Service" it seems strange that this article, whose author is not designated, uses most of her space referring to "Enrolment for War Services" and a small portion for the main purpose of said committee, i.e., "Emergency Service Enrolment." The whole tone of the article runs counter to my idea of the purpose of this committee.

Now war, the man-made horror, may be prevented by the determination of enough people, but disaster can occur at any time and its SOS call does not wait for office hours and can happen at night, or on Sundays and holidays. For private emergency, the Registrar of local nursing associations, the hospitals, police and firemen are always ready and *everyone knows* just where to telephone or telegraph without delay. Very probably the Red Cross does have a central place in each province with a twenty-four-hour service, but, and here is my point, who knows where to send in the call for instant help? I don't for one, but I am not an enrolled nurse. My suggestion is that *each* issue of *The Canadian Nurse* print a notice stating where in each province such an office can be found and the

names of zones or districts in each province with the name of the "key" nurse in each zone, or, if that is not feasible, the name of each hospital in the zone.

If each hospital is furnished with the list of "key" or "chief nurse" and other enrolled nurses in the district, I, for one, would feel that much help had been provided for the unexpected disaster, large or small. In this way the smallest place would know what could be done on the instant, and while waiting for re-inforcements to come from the larger centres. War service does not call for such an instant answer to the summons, and the thrill and excitement will bring every available nurse and she knows where to apply. The enrolled nurses can be blamed for carelessness in filling renewal cards for R.N. renewals, etc., but with the lack of any information as to methods for emergencies, one cannot wonder that they do not take the call very seriously.

I am writing to you that nurses in all provinces may read and pass on, as I intend to do, these suggestions to each Provincial Association and particularly to those members of the Joint Committee, with the hope that a better plan for instant help may be evolved and more definite guidance to any citizen as to the quickest method to get help. Unless the "Emergency Service" can be obtained by anyone at any time, why have a committee at all? If I am ignorant, many others may be, and this knowledge should be wide-spread and available to every Canadian nurse.

It goes without saying that the *Journal* stands ready to co-operate in any measures which will make emergency service readily available in all parts of the Dominion. By way of making a beginning in carrying out Miss Randal's excellent suggestions the addresses of the Provincial Canadian Red Cross Headquarters in eight provinces are here listed:

J. G. Corry Wood, Commissioner, 317 Belmont House, Victoria, B.C.; D. H. Tomlinson, Commissioner, 1009-20th Ave. W., Calgary, Alta; W. F. Marshall, Commissioner, 2331 Victoria Ave., Regina, Sask.; Dr. F. W. Routley, Director, 410 Sherbourne St., Toronto, Ont.; Col. J. F. Buckley, Manager, 1109 Sherbrooke St. W., Montreal, Que.; C. H. Lee, Hon. Secretary-Treasurer, 72½ Prince William St., Saint John, N.B.; Miss E. E. Pyke, Secretary, Dennis Bldg., Granville St., Halifax, N.S.; R. H. Rogers, Hon. Secretary, Charlottetown, P.E.I.

THE CALGARY EXPERIMENT

By the time the current issue of the *Journal* appears in print an important experiment will be under way in Calgary, Alberta. A group of registered nurses in that city have formed the Calgary Group Nursing Society and through it are offering to provide nursing service at a minimum cost on an insurance basis. The experiment is regarded with sympathetic attention by the Alberta Association of Registered Nurses, the Calgary Graduate Nurses Association, and by the local members of the medical profession. Exact details are not as yet available but the essentials of the plan are here set forth but naturally are subject to correction later.

Services Offered

Thirty fully qualified registered nurses are to be employed by the Society on a salary basis. Nurses will be available day and night. The eight-hour system will be adhered to as closely as possible. Assignment to duty will be directed by the Society and will be governed by the circumstances of the case. Two automobiles are at the disposition of the Society for use as needed.

Insurance Rates

Individual members of the community wishing to participate in the scheme will be charged a monthly fee of 50 cents. The fee for family participation will be $1.00 per month.

Promotion Measures

An energetic canvass of the community is being carried on by the nurses who are themselves members of the Society

and the results are said to be encouraging. Announcement of the service has been made in the local press, addresses have been given by radio and efforts are being made to interest the women's organizations and service clubs.

The Leaders

The president and nursing director of the Society is Miss Charlotte Maberley; Miss A. Young is the vice-president, and Miss Aileen Thom is business secretary and treasurer. The headquarters of the Society are situated at Room 207, York Hotel, Calgary.

Fortune Favors the Brave

Miss Eleanor McPhedran, second vice-president of the Alberta Registered Nurses Association, speaks of this courageous experiment as follows:

> This enterprising group of nurses in Calgary is making a very splendid effort to bridge over the gap between those who need and those who have it in their power to serve. The nurses of Alberta admire their courage, and watch with keen interest the experiment in group nursing which they are carrying on. It is a service which should commend itself to the people.

And so say all of us!

WE EXCHANGE

In a recent issue of the *Journal* will be found the report of the committee on exchange of nurses of the Canadian Nurses Association. Within the past two years five Canadian nurses went to Britain, and one French and one British nurse came to Canada, under the committee's auspices, for purposes of observation and study. Canada now has the pleasure of welcoming two more partici-

Miss Florence Taylor and Miss Dorothy Holland

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON CANADA

pants in this excellent scheme. They are: Miss Florence Taylor, Senior Sister Tutor in Guy's Hospital, London, and Miss Dorothy Holland, Sister Tutor in the Preliminary Training School of the same ancient hospital. Both are on sabbatical leave of absence, having completed seven years of continuous service at Guy's Hospital.

Miss Taylor and Miss Holland expect to spend about a month in Montreal, Toronto and New York respectively and they are also planning to pay a visit to the Yale School of Nursing. They have already made a brief stay at the Montreal General Hospital and the accompanying photograph shows them in the garden of the nurses' residence. Later we hope to persuade them to give their "impressions" of Canadian nurses and nursing. In the meantime they seem to be bearing up well under the heavy demands we in Canada are wont to make upon our visitors when we set out to be hospitable.

THE NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association.

Those who were present at the recent Biennial Meeting will not soon forget the interest that was manifested in the Foundation, and the article published in the October issue of the *Journal* describing the inaugural meeting of the International Foundation must have given a great sense of satisfaction. The Canadian Nurses Association decided to endorse the following policy:—

That the C.N.A. should make an effort to provide one scholarship of £250 annually for a period of five years, the first scholarship being awarded in 1934. That the total objective for five years be £1,250 towards scholarships and £1,250 towards the endowment fund and that annually, for the next four years, the C.N.A. raise at least sufficient money for a scholarship of £250 and that all the extra money raised each year be sent toward the endowment. That at the General Meeting in 1936, a report of progress made by the Foundation be received and plans made at that time for securing the balance of the endowment fund.

This means that each province will have to shoulder considerable responsibility during the next four years. Already the provincial conveners have been notified of the decision of the Association and it is sincerely hoped that every alumnae or local nursing association as well as student groups and individual nurses will contribute to the cause.

Great emphasis was placed on nursing research as well as nursing education when the policy of the Foundation was discussed, and the C.N.A. went on record as urging that these two objectives should be kept in the minds of the trustees. One feels that the interests of the profession will be protected by the splendid board of directors that was appointed at the inaugural meeting. Miss Jean I. Gunn is not only the Canadian representative but also one of the vice-presidents and her whole-hearted interest in the C.N.A. and her truly international sympathy and understanding will ensure a valuable contribution to the building of the Foundation on a sound basis.

The message from Her Majesty the Queen was not only gracious but showed a shrewd understanding and appreciation of the value of nursing to the world at large. When she states: "I am glad to know that it (the Florence Nightingale

Memorial) is to take an educational form as this would undoubtedly have commended itself to Miss Nightingale, who had so much at heart the education of the nurse and the training of a great nursing service", she puts into words what must be in the mind of every thinking nurse. The very generous response from the provinces has already shown that this interest has taken a tangible form but each and every member of the C.N.A. will have to support their provincial committee if we are to send $1,250.00 annually for the next four years.

Further donations received

Manitoba Association of Registered Nurses	$100.00
Registered Nurses Association of Nova Scotia	50.00
A.A., Children's Hospital, Winnipeg	10.00
A.A., Royal Alexandra Hospital, Edmonton	10.00
Student Government Association, Royal Alexandra Hospital, Edmonton	10.00
A.A., East General and Orthopaedic Hospital, Toronto	5.00

SOME APPOINTMENTS

Miss Dorothy Percy has resigned as second assistant superintendent of the Victorian Order of Nurses for Canada to accept an appointment as instructor of practical nursing at the School of Nursing, University of Toronto. Miss Percy is a graduate of the Toronto General Hospital and of the course in public health nursing, University of Toronto. Her experience has included both institutional and public health nursing and her appointment is of especial interest in that it brings a nurse with a broad public health experience in daily contact with nurses during their undergraduate training. Miss Percy is first vice-president of the Registered Nurses Association of Ontario.

Miss Dorothy Mickleborough has accepted the position of Ontario Supervisor with the Victorian Order of Nurses for Canada. Miss Mickleborough is a graduate of the Seattle General Hospital, Seattle, Washington, and of the course in public health nursing, University of Toronto. She was formerly a supervisor on the staff of the Department of Public Health Nursing, Province of Ontario. Miss Mickleborough is Chairman of District 5, Registered Nurses Association of Ontario.

Miss Ethel Cryderman, who has been Ontario Supervisor of the Victorian Order of Nurses for Canada for the past five and a half years, has resigned from the National Office staff to accept the appointment of district superintendent of the Toronto Branch and entered her duties there October 1st. She is a graduate of the Toronto General Hospital and of the course in public health nursing, University of Toronto. Miss Cryderman has also to her credit courses in midwifery and mothercraft, the former taken at Oxford, England, and the latter at the Mothercraft Centre in London.

MONTREAL: ROYAL VICTORIA HOSPITAL: Miss Eileen Flanagan, B.A. (R.V.H., 1923) has been appointed supervisor of the Montreal Neurological Institute. Miss Helen Clarke (R.V.H., 1925) has been appointed night supervisor of the Ross Pavilion, R.V.H.

LONDON: Miss Gwendolyn M. Fowler has accepted a position on the staff of Lady Minto Hospital, Cochrane. She is a graduate of the School of Nursing of the Victoria Hospital, London, and a postgraduate of the University of Western Ontario in public health nursing. Miss Madeline McDonald has accepted the position of public health nurse at St. Mary's, Ontario, formerly held by Mrs. Moeller. Miss McDonald is a graduate of the School of Nursing of the Victoria Hospital and a postgraduate of the University of Western Ontario in public health nursing.

SARNIA: Miss Pearl Lumby, formerly instructress of nursing at Sarnia General Hospital, has accepted the position of superintendent of Lady Minto Hospital, Cochrane: Miss Lumby was vice-chairman of District 1, R.N.A.O.

REGINA: Miss Kathleen Rowley (V.G.H., and of the McGill School for Graduate Nurses, 1932) has been appointed instructor of nurses at the Grey Nuns Hospital, Regina. Miss Kathleen Clearihue (S.C.H., Toronto) has been appointed to the teaching staff of the

Regina General Hospital. Recent appointments to the Provincial Public Health Nursing staff are Miss Dorothy Hopkins (T.G.H., 1925) and Mrs. Louise Le Cerf (St. Paul's Hospital, Saskatoon).

PROVINCIAL PUBLIC HEALTH NURSING SERVICE OF ONTARIO: Miss L. DesRoches has resigned from the public health nursing staff at North Bay and is succeeded by Miss A. M. Cloutier. Mrs. M. E. Moeller has accepted a position with the Canadian National Institute for the Blind. Miss L. M. McDonald, of the 1934 class of the University of Western Ontario, has commenced her duties as public health nurse in St. Mary's. Mrs. S. Verral has begun her duties as school nurse at Humber Bay where she succeeds Miss E. Hinch, who resigned to be married. Miss M. R. Blais (Ottawa General Hospital), a member of the class of 1934 of the School of Nursing of the University of Toronto, has been appointed at Sturgeon Falls to replace Miss E. Ricard. Miss G. Young has returned to her position in Port Arthur after attending the University of Toronto public health nursing course.

Correspondence

From the Sudan

The following excerpts from a letter written to the Executive Secretary of the Canadian Nurses Association shows how far our little candle sheds its beams:

I have been back home exactly one week for I feel this is my home, although it is only a tiny niche amongst the workers of the East. I had a wonderful welcome on my return from my fellow workers and fellow countrymen, but especially from my Sudanese patients and workers. All were most anxious to hear of my leave in the West and everybody declared they had never seen me looking so well. No wonder! I never had such a happy nor more wonderful leave. The account of Western hospitality is far from exaggerated and we Britishers, especially those who do not roam, have much to learn in that respect. Today I received the August number of *The Canadian Nurse* and I felt I must write and ask you if you would convey my heartiest thanks to all Canadian nurses for giving me such a happy time. The week in Montreal, the days in Winnipeg, and on lovely long Pine Lake, and those spent in Toronto will long remain with me as an inspiration and challenge. It was with great enthusiasm that I tried to tell the folks in the Old Country a little about your Biennial Meeting, terminating (at least for me, as I had to catch my boat the next day) with that perfect Pageant—a true work of art. You were all so busy and yet had time, together with my own fellow "Old Internationals" to look after this visitor from overseas.

E. HILLS-YOUNG,
Khartoum Hospital, Khartoum, Sudan.

And from Peru

There are several Canadian nurses in Talara and we were bemoaning the fact that there is so little news from our respective Alumnae Associations when it dawned upon us that we are no better than the rest of the unfaithful because we too have a little bit of news which might be welcomed. This explains my sudden spurt of interest and I hope from time to time to be able to contribute something from this part of the world for *The Canadian Nurse*. Here are a few items to begin with:

Dr. and Mrs. Ruddy (Anne McNaughton, Toronto General Hospital, 1921), have returned to Talara, Peru, from a three months' holiday spent in Canada and Europe. Miss Margaret Lovett (Wellesley Hospital, Toronto, 1932) had arrived in Talara to fulfil a three years' contract with the International Petroleum Company. At Cristobal, Canal Zone, on June 14, Miss Flora Smart (Toronto General Hospital, 1925) was married to Mr. D. D. Conway, of Sistersville, West Virginia. They are now residing at Talara.

MABEL CUNNINGHAM,
International Petroleum Company,
Talara, Peru.

"Our Bit"

May I say that I read every bit of *The Canadian Nurse* including the advertisements but excepting the Official Directory which I only read when I need some special information. I think you should be glad some people even read "Off Duty." Who knows but some day they may read a page or two on each side of it and then what? I recently read "Our Bit" and think if it is Miss Clint's first book, I hope it won't be her last. She has a way of making one see things so vividly.

F. V. KENNEDY,
Calgary, Alta.

THE EDITOR'S DESK

Horizons

The emphasis of this issue of the *Journal* is on the future of public health nursing. Probably no one is better qualified than the Chief Superintendent of the Victorian Order of Nurses for Canada to tell us what lies upon the horizon. Miss Smellie knows Canada from one end to the other and her contact with lay groups makes her sensitive to the new demands which they are making upon us.

Relationships

The social pattern of our time is changing so rapidly that nurses are not always sure of their place in the design. The activities of other groups have successively impinged rather sharply upon what in the past, we claimed as the nursing field. First came the dietitians, whose presence at one time we regarded with dark suspicion and even a little jealousy. We now recognize them as friendly collaborators and freely admit that they have their place in the scheme of things.

A more subtle relationship is that of the public nurse and the social worker and it is difficult in practice to draw any sharp line between the functions which legitimately and acceptably may be performed by each of these workers. They shade off into one another almost imperceptibly; yet, for the good of the community, it is desirable that there shall be neither overlapping nor friction.

In "New Frontiers in Public Health Nursing" Miss Pease, herself a distinguished social worker and mental hygienist, sheds considerable light on the whole problem of professional inter-relationships. Incidentally she displays a sympathetic understanding of the real contribution made by nurses in the field of social work.

The Essayists

On the rare occasions when we really do get hold of a good idea some one is sure to "beat us to it." We sat down at this desk the other day all ready to make an impassioned plea for brief articles, written in terse and simple English, describing new and interesting nursing procedures, when our eye lighted upon an editorial in the *Nursing Times*. The title was "The Essayists" and embodied therein was what we thought *our* perfectly good idea:

> Long experience in this office has convinced us that writers and lecturers find it far easier to float about on a sea of scientific terms than to land on solid earth with straight-forward "household" advice. Half the contributed articles we reject are sent back because they are too theoretical, and so are of little real value to the nurse in her work. In fact our whole journal is rather like a balloon, always struggling to leave the earth for the rarer atmosphere of medical science, while we, the groundsmen, try to keep it down to the level of practical things.

What a comfort it is to find that someone else shares one's trials and tribulations—and ideas—even though it is only another editor!

An Explanation

In order to indicate where the responsibility lies for unsigned articles and editorials which appear in *The Canadian Nurse* the following explanation is offered: all such articles and editorials are written by the editor of this *Journal*. This statement applies to all sections of the *Journal* except *News Notes*, the content of which is compiled from material sent in by correspondents in various parts of the country.

Department of Nursing Education

THE SELECTION OF STUDENTS

M. BLANCHE ANDERSON, Assistant Director of Nursing, Ottawa Civic Hospital, Ottawa.

Student nurses are a selected group. What then shall be required with regard to age, health, character, personality and preliminary education? How can we best evaluate each applicant?

Probably all will agree that the desirable admission age lies between twenty or twenty-one and thirty. This would ensure young women physically and mentally more mature, and emotionally better balanced, than those of eighteen or nineteen years of age, who at present, make up a large proportion of first-year students. They would be young enough to be adaptable and willing to learn. It is also probable that they would be better prepared to conform happily with the discipline of nursing.

Health

Health is essential to success. A health certificate from the family physician is the logical first step in eliminating the physically or mentally unfit. These certificates have been generally required, but for various reasons have not given entire satisfaction. If the physician were informed that a thorough health examination is made on admission to the school or shortly after, and that it is most desirable that doubtful candidates should not be put to unnecessary expense and disappointment, might not a more careful report be the result? The medical examination at the time of admission should eliminate all who are doubtful, from the standpoint of health, regardless of their other qualifications.

Personality and Character

Personality and character are not readily determined. Testimonials from persons whose names are submitted by the applicant are, in most instances, worthless. The best means at our command seem to be the personal interview, frequently impossible because of distance; a personal letter from the applicant herself in her own handwriting; an interview by an older graduate of the school living in the candidate's vicinity; confidential reports from principals of schools attended and personality inventories. Preparation and use of a list of questions to be asked of each applicant when interviewed, has been suggested by a psychologist who has made a careful study of vocational guidance. This suggestion seems worthy of consideration.

Principals of schools should be a most satisfactory source of information, especially since vocational guidance is receiving more and more attention from all who are interested in education. It is our part to make our requirements known and to inform teachers of the type of young woman likely to succeed in nursing. Interviews with students in the faculty of education and possibly also with teachers at conventions, are ways which might help to bring about a desirable understanding with this group. Personality inventories are considered helpful by some who have used them, especially in confirming findings by other means. The administration and interpretation of these tests require experienced psychologists, so that their use is necessarily limited for the present.

Preliminary Education

The preliminary education required should depend upon objectives. These cannot be discussed in detail at this time but doubtless all will agree that nursing demands young women intellectually capable of good academic standing and ambitious enough to attain it. Graduate nurses should be prepared to fill their places in the social structure. They

An address delivered at the Biennial Meeting of the Canadian Nurses Association, June 29, 1934, in Toronto.

should command respect and consideration, educationally and socially, from other professional groups rendering service to the public. The collegiate institute or high school offers the preliminary education generally accepted as the best available foundation for advanced study. Vocational schools fill an undoubted need, but schools of nursing are highly specialized in their own field, therefore preliminary education for nurses should be broad, cultural and general rather than limited in its scope.

Nursing Matriculation

A "nursing matriculation", giving uniformity of preparation, seems a desirable aim if meant to be the regular science matriculation course with careful selection of electives. If meant to be a special matriculation, giving admission only to schools of nursing and schools for graduate nurses in universities, it would too often present a handicap not easily justified by the apparent advantages. Consider for example the early-teen-age girl not mature enough to make permanent decisions; the hundreds of young women yearly rejected by schools of nursing, some of whom will want to choose another profession; the graduate nurse who wishes to study in a university faculty other than the school for graduate nurses and the young woman who becomes interested in nursing after her preliminary education has been completed.

The high schools also are to be considered. Many would be unable to give special courses, or even special emphasis to regular courses. If given, they would tend to be pseudo-scientific and of little real worth. There would be much dissipation of time and energy in hundreds of schools for a handful of students in each, and this would be at the expense of the larger group. Is it not more logical to look to the high schools for good general courses of instructions? The application of these, and the teaching of special subjects relating to nursing, would be given in the school of nursing where the background lends colour and stimulates interest, and where the teacher is keenly aware of the specific needs of the students.

The Selective Process

Should junior matriculation, stressing the sciences, be accepted as a present minimum educational requirement there would still be need for careful discrimination. An analysis of the high school record of each candidate should be made. This would take into consideration age, failures, general average and class standing. Rejection of those in the lower third of the class is highly desirable. The student who required an additional year or two to complete the work, without satisfactory reason, is also likely to be a liability. Here again principals of schools might be most helpful. If we expect to have their interest and help then schools of nursing must be centers which offer educational and other opportunities, worthy of the ability of the type of student we wish to secure. Too long educators have considered these schools legitimate dumping ground for the mediocre and dull.

Intelligence tests are of proven value in determining potential mental ability. Schools of nursing which have had experience with them are emphatic in declaring their worth. Probably the only good reason for not putting them into general use is the fact that the services of a psychologist are, in many cases, not available.

A Just Return

Having considered various ways and means by which selection of student nurses might be placed on a satisfactory basis, it is necessary to keep in mind that this can never be wholly accomplished until schools of nursing offer adequate returns for what they require, and until they are independent of the needs of the hospital for nursing service.

Department of Public Health Nursing

NEW FRONTIERS IN PUBLIC HEALTH NURSING

SYBIL H. PEASE, Supervisor of Mental Hygiene, East Harlem Nursing and Health Service, New York City.

Whatever may be true of what is happening in the United States—evolution or revolution—it seems quite certain that a process of evolution is going on slowly and inevitably in the field of public health nursing. The moment the nurse leaves the hospital walls for the community, it seems that she inevitably moves from the relatively conservative medical group into the relatively radical social workers' group. According to her temperament, the individual nurse welcomes this change or shrinks from it. In either case she cannot escape the necessity of making an adaptation which is not demanded in any other field of social work: adapting her professional skills (learned under medical auspices) in the care of the sick in the hospital to the care of the sick in the home, and then learning how to fit into the network of agencies for community betterment in order to work at her other accepted function—the prevention of disease and the promotion of health. She thus serves both the sick and the well—the only social worker to function in this double capacity.

Aspects of Social Work

Social work has had, roughly, two types of workers—caseworkers, who were concerned with "problem" individuals and families, and neighbourhood workers, concerned primarily with groups of people seeking recreational and educational opportunities. Evolution in the casework field has brought about a fusion between casework and mental hygiene, especially, perhaps, in family casework, but also in child-placing and in several other groups, largely through their close community connection with the work and workers of the child guidance clinics. Through the dealings of all these casework agencies with disintegrating families and maladjusted youngsters, information has been steadily accumulating as to ways and means of treating personality difficulties. Slowly, too, the way in which emotional development takes place in individuals has been formulated after long and patient research. This material is the stuff from which prevention is made, and close union between caseworkers and workers who have access to the whole community is now essential in order to use this material for the benefit of all. The caseworker's point of view is preventive, but she has a full-time job in her work with people already in difficulties. The settlements have come nearer to the field of prevention because they were thinking in terms of everyone in their neighbourhood and not only of those who were maladjusted. Today they are still leaders in civic experiments, and groups of neighbours are meeting at settlement houses to use their enforced leisure for recreation and for study. The two approaches to people, that of the caseworker and that of the groupworker, might be thought of, respectively, as curative and preventive. For one worker to combine both kinds of skill—casework skill and educational-recreational skill—has been rare in the social work field.

Healer and Preventer

With the advent of the public health nurse, however, a worker came into the field of social work who, potentially at least, combined these two different functions in her own person—the healer and

An address delivered before the Public Health Nursing Section of the Canadian Nurses Association at the Biennial Meeting, June 28, 1934, in Toronto.

the preventer. She gave bedside care to the sick in their homes and vaccine to the well in outpatient clinics. Above all, she was available for consultation in centers to which any mother might bring any well child, thus creating a new piece of social machinery, a setting in which keeping an individual well was the reason for the attention of a professional person. The nurse has access to the whole community to a degree paralleled only by the cross-section contacted by the teacher in the public schools. She is allied with a profession which has made actual and dramatic gains in the control of one after another of the diseases most dreaded in the past. Because preventive medicine has been able to shift the emphasis from the giving of tonics to the giving of toxoid, the nurse is the professional worker most free at the present time to turn her thoughts and energies to a really thorough-going programme of prevention in the field of health, both mental and physical. What she may do in the development of her tremendous potential value in the field of health education and life-enhancement depends upon her courage and her vision. It is this opportunity of hers which I think of as the new frontier in public health nursing.

Waste

In a recent report of the Welfare Council of New York City it was pointed out that $225,000,000 had been spent from public funds during the year for relief, sickness, and the care of delinquents. For preventive work about $10,000,000 had been spent on health and crime prevention. We know that cities and private philanthropies have both been slow to put much money into experimenting with preventive efforts other than those of physical health, although no one raises any question as to the absurd discrepancy of the figures given above. We know, too, that munitions companies do not hesitate to spend money lavishly in experimenting in the hope of inventing bigger and better explosives and more deadly poison gas. Why have we been so half-hearted in our reaction to these facts—contented merely "to view with alarm" as the columnists say? I have wondered if it were not because we really did not ourselves have much confidence in or enthusiasm about or skill available for prevention, except in the field of preventive medicine. We haven't thought, really, that we could prevent the social evils of poverty, crime, and war. Perhaps it is only the desperate straits in which we now find ourselves because of these ancient enemies which will give us the necessary incentive to really try to stamp them out.

New Light

This present age of science has been called an age of skepticism as opposed to other ages of belief, and we are told now with great finality that the only certainty is uncertainty! Certainly when so many seemingly fixed concepts in the realm of physics are found decidedly open to question, it does not seem too reckless to suggest that perhaps this generation has also seen an ancient axiom exploded, namely, "You can't change human nature." Perhaps this was always equivalent to saying, "You can't understand human nature and therefore you can't change it", or perhaps it was always just a comfortable rationalization to excuse ourselves from the effort which we would be bound to make if we thought it could be done.

At any rate, the very doubting of the axiom brings with it a new perspective and we suddenly wonder if it can be that our skeptical generation has stumbled upon a new and audacious approach to our inherited problems. What if we should be able to attack disease, poverty, crime, and war all at once by attacking their source—human nature itself? Perhaps other generations have been both too optimistic and too pessimistic; willing to believe that piecemeal reforms are really good for anything, and at the same time

held back from trying a more thoroughgoing attack because of their belief that human nature is a mystery. Now that psychiatry and psychoanalysis have brought it from the realm of magic into the clear light of day and persuaded us to look at it and get acquainted with it in ourselves and in others, we at last think we know the worst and the best of it and can for the first time honestly and soberly face the enormously complicated and difficult task of attempting to work with it and through it, instead of against it and in spite of it.

The Nurse as Social Worker

In speaking of parent education in the report of the White House Conference of 1932, Dr. Edward C. Lindeman says:

> In one sense parent education is in the same position as social work; both take their main body of subject matter from other disciplines, and what they contribute on their own behalf is primarily empirical. Consequently, parent education can never become professionally distinct on the basis of its subject matter or content. It utilizes content from medicine, psychology, physiology, education, psychiatry and sociology. Its distinguishing feature derives from its application of varied subject matter to the special problems of a special group. Its professional status is achieved through its methodology rather than its content. This fact in itself, namely, the derived nature of the subject matter of parent education, constitutes an initial problem of delicate proportions. Any approach to the family leads directly or indirectly toward the inclusive, social context, and now that our educational system embraces a special form intended to function directly on the positive side of family building, we should be alert to discover the means for making its educative task truly social.

These remarks about parent education seem to me to help in clarifying the position in which the nurse finds herself. As the community begins to realize what a strategic position this is, the nurse is under pressure especially in rural communities to use it for aims which are related to, but a definite extension of, the work which is really her job. Therefore, it seems necessary to define her position in the social work field as definitely as possible in order that she may not be deflected from the truly preventive job outlined above. For instance, she is often expected to carry a good deal of casework responsibility, and there is still much difference of opinion as to whether she should do this or not. I know that concepts of social work vary and that it is impossible to be dogmatic about it. The nurse will, of course, help a man to get a job if she can, help a youngster to a scholarship, and give many other such services to her families. The reason why she should not be given casework responsibility seems to me to be that there is a group already charged with this work and there is no group which is in a position to carry on the teaching of health except the public health nursing group. The nurse's slogan, "Every public health nurse a teacher", would seem to indicate that she, unlike the caseworker, thinks of herself as functioning in this field.

It seems that as a member of the parent education group she has her unique opportunity to get at the very roots of community life, especially through her service to women in the ante-partum period and to parents of little children in regard to habit training, child development, sex hygiene, and sex education as well as instruction in regard to proper diet and clothing.

It has been our experience that if a nurse carries out this programme, plus the bedside care and such clinic responsibility as may be hers, she has a full-time job and one which demands as great flexibility as any one worker should be expected to possess. In order to save her time for the function which we feel is truly hers —that of a social worker who fits into the scheme of social welfare agencies between the settlement worker and the caseworker and whose unique opportunity is that of a teacher in the field of parent education—we have felt that case-

work situations should be referred by her to some other agency. In fact, we think of this job of referral to the proper agencies as one of the natural outcomes of her contact with the whole community. In carrying out her job of education she finds many who need referral to casework or recreational agencies. She is the natural *liaison* person between the families and the agencies, in the nature of the case. As Dr. Lindeman very truly says: "Any approach to the family leads toward the inclusive social context", and the nurse knows a good deal about the whole situation as it presents itself to her in the home, but she has the responsibility of a teacher and not the responsibility of the caseworker.

Some Implications

In thinking through the implications of this point of view we have, in our agency, found that it helped to think of the nurse as the social worker who is especially concerned with the so-called "normal" person rather than with the "problem" person or family. As a caseworker, it seems to me that one of the reasons so little headway has been made in prevention in the field of social problems is that we have been so absorbed with the problems of the maladjusted (probably about 2 to 5 per cent of the population in pre-depression times) that we have paid no attention to the 95 to 98 per cent of the population from the point of view of its needs, but only from the angle of their contributing to our work with a tiny fraction of the whole community. Wouldn't we know more about deviations from the norm of behavior if we knew more about what the norm is? What about the needs of this 95 to 98 per cent from the point of view of mental hygiene? What does this group do about such problems as jealousy, hate, inferiority, problems of income and outgo, of training children, of sex education? In a word, what do we do about our own problems? How do our friends meet theirs? Who helps us? Surveys of the problems of college men and women show a strange similarity to those of the underprivileged group. Novelists have concerned themselves with this group, columnists in newspapers have ridiculed their ways. Someone has pointed out that perhaps the size of our cities, where we do not know our next door neighbour and miss the chance of testing our experience with his, may be responsible for the great popularity of the newspaper feature above-mentioned and for the way in which biographies have become best sellers in the last decade or so. We identify ourselves with these people whose problems are similar to ours. We recognize our own struggle in the struggle of the characters, and we hope always to get some light on our problems which will help us. Novelists such as Willa Cather and Arnold Bennett, to name only two, put into words the realities which all our lives have so surrounded us and become part of us that we could not get perspective enough to know what was happening, except in flashes of insight. They make us realize what we really know, that any human life story seen with understanding is as full of interest as the case record of a psychiatric patient and much more useful to most of us in the conduct of our own lives.

Family Building

The point of view which we try to inculcate in our staff is that of conserving family life and studying it. We believe that mental and physical hygiene are inseparable and that every family needs understanding and help because, if they are human, they have problems. We are saying, in other words, that to be "normal" is to be in need of advice about innumerable things from a friendly person in whom one has confidence. Who qualifies potentially and sometimes actually, here, as well as the public health nurse—a professional person whom the mother meets when she is wanting

guidance and help during her pregnancy and later after the baby is born? It has been recognized for some time that healthy emotional development is largely the result of the wanted child's contact with happily-mated, understanding parents. These are ideal conditions and as rare as the ideal usually is, but do we know a happy marriage when we see one, and how happy must a marriage be to bring about the desired result in emotional stability in the child exposed to its influence? Are we so pleased at the sight of one which seems even passably so that we breathe a sigh of relief and think that there is *one* family we don't need to worry about?

It is just here that it seems as though we had been very blind. Some years ago we decided that we would study the very "best" family in the district, with as much interest as though it were the very worst. The mother was a fine, intelligent woman, accepted as a leader in the mothers' club and interested in civic affairs. The results were very enlightening. The oldest boy was found to be almost completely deprived of initiative by his close association with his masterful mother. She, completely blind to what had happened, was humiliated by his repeated failures to sustain the responsibility of a job and let him know this very definitely. The only daughter in the family was so ill-at-ease and awkward in a group of girls that it has taken four years of understanding help in a girls' club to enable her to get any real sense of companionship with her own sex and age group. With our eyes thus opened, we have continued our study of families which seemed, as one worker put it, "just exactly like my own family." We have found that all parents need help in getting perspective on their children. We have found that happy, intelligent parents may be quite unaware of the fact that the middle child of their three has been ignored and is fast learning to develop defenses to protect herself from hurt when her attractive six-year-old brother is admired by all comers and the new baby is exclaimed over.

I think that most of us have seen similar happenings many times repeated in our own immediate circle of friends and relatives. Why have we ignored these needs and not tried to provide for them in a community plan? Is it because we have never, until now, really been willing to accept ourselves and our own human nature and admit that we needed help? I like so much something which Jessie Taft of Philadelphia said quite a long time ago:

> If, as we have come to think, the deepest human misery, the inner problems, are common to rich and poor alike, to ignorant and learned, because they arise from the fear and hate and anger for which no relief has yet been found, our superiority can lie only in the fact that we have begun to understand and accept within ourselves the pain as well as the joy of our own emotional lives and no longer need to escape from our own fears into the fears of the other.

The Nurse's Task

To sum up, then, we see the public health nurse as a social worker who functions "directly, on the positive side of family building" and whose method is that of the teacher with a social viewpoint. Following the path she took when the first well baby clinic was established, she works with that large and hitherto neglected group—the average, the "forgotten man" and his family,—referring to casework and neighbourhood agencies those who need such referral. When all is said and done, what we want is to increase the happiness and satisfactions of people, because people who have experienced love and security and a chance to be independent in their first years are not likely to become insane and neurotic as adults; because happy people do not commit crimes nor does a contented nation make war.

Department of Private Duty Nursing

WHAT DO YOU THINK ABOUT IT?

During the last few months the *Journal* has received a number of somewhat disconcerting letters (most of them not intended for publication) deploring the present trend toward higher education for nurses. The writers claim that highly educated women do not make good nurses and that they show themselves to be more commercial and less devoted than "practical" nurses.

It is quite apparent that this opinion is fairly widespread. It is frequently expressed by physicians, and nurses themselves occasionally give voice to it. There has even been comment in the press, and the *Mail and Empire*, one of the leading newspapers in the City of Toronto, recently published a brief article under the heading of "Nurses and Degrees" which reads as follows:

One of our leading university men is reported to have told a gathering of nurses the other day that enough thought is not now being given to the place a degree should occupy. If he had said that enough thought is not always given to the type of girl being trained for one of the noblest and one of the most difficult of the professions he would have been nearer the mark. As a highly successful nurse said to us not long ago, "All the training in the world will not make a good nurse from a girl who enters the profession from any other motive than intense love of the work. If she has not that inherent love for nursing she can take all the post-graduate courses possible, she may be rated high in her examinations, but she will not be a nurse." The judgment of this nurse is the judgment of many who have suffered at the hands of girls and women who were supposed to be front-rankers in the profession. We have known cases in which a highly trained nurse who had taken up the work in a purely commercial spirit, has left a patient in anything but a satisfactory condition, a condition from which said patient has been extricated by the ministrations of a despised "practical" who loved her work and added sympathy to skill. Character, fineness of feeling and a willingness to adapt herself to the situation she may find in the family in which she is nursing, are the essentials for a nurse. If these are present, technique is pretty sure to follow.

The registered nurse to whom we are indebted for having drawn our attention to this article comments upon it thus:

I could not help but think while listening to the different addresses given in Toronto that too much is being made of college education and not enough of the practical side of nursing and the real feeling of service which usually characterizes the "practical nurse." There seems to be so little real feeling or understanding for the patient among so many of our profession, patients are just "another case" not individuals with feelings. It seems to me there are wonderful girls who would make real nurses who are being kept from it because they are unable financially to obtain the necessary education. True nurses will always find something to do even if not at $5.00 per day. I have never enjoyed letters in *The Canadian Nurse* more than the two in the July number from "Katy Lee" and "An Ontario Nurse." I know of a boy who earns very little and is very ill. Two private nurses are in attendance and it is obvious that his recovery is being hindered by wondering how he is going to manage.

A careful reading of the newspaper article and of the accompanying letter will show that two serious criticisms are made of well educated and highly trained nurses. One is that they are commercially-minded and that they cost too much and the second is that they lack the qualities of character and heart which it is claimed characterize the "practical" nurse. These criticisms are made by responsible persons and therefore cannot be ignored. They are aimed at nurses who are engaged in private duty (especially in the home) and the suggestion is put forward that, in this particular branch of nursing service, sympathy and a spirit of helpfulness are more important qualifications than a high degree of technical efficiency.

At this point it is interesting to quote from an article by Miss Jean Gunn which appeared in a recent issue of the *Journal*:*

In the city of Toronto in the past year the professional nurses' registry had a total of 11,973 requests from nurses of which 90.17 percent came directly from hospitals for nurses for special nursing duty. Of the remaining 9.83 percent sent to private homes a certain number took the patients into hospital so that the number of calls for private duty in homes in the city of Toronto is less than 9.83 percent of the total requests received for nursing service. This cannot possibly represent the number of patients being nursed at home and demonstrates very definitely the need for careful study and development of this field of nursing.

It is apparent that fully qualified nurses are rapidly being displaced in the homes of our people by other workers who apparently give better satisfaction at less cost. There must be a reason for this preference. What do you think about it? Take pen in hand and tell us.

*See The Canadian Nurse, September, 1934, p. 410.

COMPULSORY REGISTRATION

In view of the interest displayed at the Biennial Meeting in *compulsory* registration of all who nurse the sick for hire, the accompanying letter written by Miss Isabel Macdonald, chairman of the private duty section of the International Council of Nurses, to Miss Isabel MacIntosh, retiring chairman of the private duty section of the Canadian Nurses Association, is particularly timely:

On the occasion of the twenty-fifth anniversary of the foundation of the Canadian Nurses Association will you please convey to your section all my good wishes for its welfare and progress and my sincere congratulations too on the part which it has played in building up, not only your great National Association of Nurses, but also upon what has been accomplished by the private nurses for the sick in Canada and for the advancement of knowledge of hygiene in the homes they enter. Probably they themselves know best and talk least of the comfort and support they bring into lives in your Canadian homes in times of crisis and great anxiety. In no other branch of nursing are we called upon to take more individual responsibility and in none is the preservation of professional and ethical standards of a greater importance.

I gather that, just as in Great Britain, private nurses in Canada find the economic situation much more difficult than in previous years. In this country the profession is undoubtedly overcrowded and there is a tendency for such overcrowding to be most serious in the ranks of the private nurses. In England there is an aspect which, in its influence on the economic situation, proves a very dangerous one to the private nurses and which I hope is less acute in your country. I refer to the competition arising from women who do not possess the State qualifications, those who have either failed in the State examinations or failed to qualify for such examinations through not having completed an adequate period of training.

That those who do not reach the minimum standard recommended by the authorities administering any Act for the State Registration of Nurses should be permitted to work on the same footing as registered nurses might, in these days, be described as an anachronism and dangerous to the welfare of the patients and the safety of the nurses' position in the body politic; the public exercise, as a rule, so little discrimination between the trained and the untrained. But when, as readily happens, those nurses undercut the registered nurses by taking a smaller fee than that ordinarily charged by the latter, the dangers arising on the aforementioned point are increased as those unqualified women are the more widely employed because of it, and their economic competition with the registered nurses is correspondingly greater. I would urge our colleagues in Canada to use every opportunity to promote a system of *compulsory* State Registration of nurses in all countries that thereby we may attain greater progress, educational development and protection for the profession. Not until State registration becomes *compulsory* can it be relied upon to be really effective in achieving the protection for the sick and for the nurses which such legislation is calculated to attain.

Book Reviews

ESSENTIALS OF PEDIATRICS FOR NURSES. By Philip C. Jeans, A.B., M.D., Professor of Pediatrics, State University of Iowa, Iowa City, and Winifred Rand, A.B., R.N., Specialist in Parental Education, Merrill-Palmer School, Detroit. 73 illustrations. 503 pages. Price $3.50. Published by the J. B. Lippincott Company, Canadian Branch: 525 Confederation Building, Montreal, P.Q.

Sixty pages of this book are devoted to a discussion of *normal* development in infancy and childhood. This approach is especially commendable because not all nurses know how to handle healthy children intelligently and therefore fail to give effective nursing care to those who are ill. One chapter deals with the fundamental principles underlying pediatric nursing. Valuable advice is given concerning the management of children admitted to hospitals which if carried out in practice, would avoid much of the trying emotional disturbance usually experienced by both the child and his parents. An excellent chapter on nursing technics gives detailed information, further amplified by good illustrations, concerning nursing procedures which are peculiar to pediatric nursing. Five chapters are devoted to nutrition. Here again the approach is from the normal angle although due attention is paid to nutritional disorders. Part four is made up of six chapters dealing with the common diseases of childhood grouped under the various systems, circulatory, respiratory, etc. Another chapter treats congenital diseases and malformation of the new born, and yet another outlines the essential features of the nursing care of children suffering from communicable diseases. There is a brief glossary and a good index.

Many schools of nursing find difficulty in affording their students sufficient clinical experience in pediatric nursing; this book will help to make the best use of such experience as may be available. To nurses specializing in pediatrics the book will be invaluable.

TEXT-BOOK OF THE PRINCIPLES AND PRACTICE OF NURSING. By Bertha Harmer, R.N., B.S., A.M., formerly director of the School for Graduate Nurses, McGill University, Montreal, Canada; formerly instructor and assistant in administration, the Toronto General Hospital School of Nursing; formerly assistant professor, Yale University School of Nursing and first assistant superintendent of nurses, the New Haven Hospital. Third edition revised, 803 pages and index. Illustrated. Published by the Macmillan Company of Canada, 70 Bond St., Toronto.

This well-known nursing classic has again been meticulously revised and largely re-written. No other nursing text compares with it in comprehensiveness and sound scientific thinking. The essential philosophy of the book remains what it has always been and is based on a conception of nursing as a field of service and a personal growth, the student sharing in responsibility for both. Emphasis on the preventive aspects of nursing is consistently maintained throughout and there is reflected in every chapter that deep and sympathetic understanding of the patients' needs which make nursing an art as well as a science.

WANTED

Second-Hand Copy of

"Life of Florence Nightingale"

(2 volumes) by Cook

Address:

Secretary, School of Nursing,
University of Toronto,
Toronto 5, Ontario, Canada.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

While the official distribution of the resolutions and recommendations adopted by the Canadian Nurses Association in General Meeting in June, 1934, was duly made, it is deemed advisable to have them appear in this issue of the *Journal* for the benefit of the membership at large. A number of the recommendations have been published in previous issues in conjunction with the reports of committees of which they were a part; these, too, are included at this time in order that an outline of the major portion of the C.N.A. programme for the next two-year period will be readily available for reference purposes to individual members as well as to organizations of nurses. It is suggested that reference to the Report of the Survey of Nursing Education in Canada be made by those who desire amplification of the content of the majority of these resolutions. Copies of the Survey Report are available for reference (also for sale, $2.00 each) at the offices of the Provincial Associations of Registered Nurses and at the National Office. For the sake of clearness the material has here been arranged in three groups. In the first group are the resolutions formulated and passed at the General Sessions; in the second group are the resolutions formulated by the private duty and nursing education sections respectively, and approved by the General Session; in the third group are the recommendations formulated by various committees and approved by the General Session.

RESOLUTIONS FORMULATED AND PASSED AT THE GENERAL SESSIONS

Registries and the Subsidiary Nursing Group

Resolved:

That the Executive Committee of the C.N.A. approach the Provincial Associations of Registered Nurses with the following requests:

1. That an immediate effort be made to form a registry in at least one place in the province with the following special characteristics:

(*a*) Representatives of all groups of nurses on the governing board.

(*b*) Some number of various types of nurses to be enrolled on this registry including graduates and practical nurses.

(*c*) An experiment to be tried by this registry of placing a group of its nurses on a monthly salary.

2. That some immediate steps be taken to try to give direction or supervision to the subsidiary nurse group.

3. That the C.N.A. Executive Committee ask the Provincial Associations of Registered Nurses to make a progress report on the two above matters not later than May 31, 1935.

Nursing on a Salaried Basis

Resolved:

That the C.N.A. support the efforts of the Provincial Associations of Registered Nurses as outlined above, by making an annual payment up to $500.00 for the coming two years to every province undertaking the work of putting nurses on salary, providing the Provincial Association will add an equal sum, such a project in each province to be approved by the Executive Committee of the Canadian Nurses Association.

Educational Policies

Resolved:

1. That no effort be spared to continue by organized effort to strengthen

and build up the schools of nursing in Canada by:

(a) Raising the standards of qualification for an approved school;
(b) Improving the educational and personality entrance requirements of students;
(c) Providing trained teaching staff and adequate teaching and clinical facilities with a thoroughly sound workable curriculum adjustable as required to the social and economic needs of the community.

2. That every encouragement be given to the building up of libraries in nursing schools, to preparation of text books by Canadian nurses and to the development of nursing journals.

3. That the question of additional training and experience in obstetrical nursing be studied.

4. That, in the organization of post-graduate courses for nurses, the importance of real educational value be stressed.

5. That the C.N.A. continue to urge that every hsopital with a school of nursing undertake a definite study of nursing costs in its own institution, in order that the cost of nursing education and nursing service may be separated and compared, and that leadership in the study be given through the National and Provincial Joint Study Committees.

The Central Curriculum Committee

Resolved:

1. That decision regarding the Central Curriculum Committee of the Nursing Education Section becoming a committee of the Canadian Nurses Association be delayed and the subject be thoroughly investigated before any action be taken, the Committee to report two years hence.

2. That the Canadian Nurses Association put at the disposal of the Committee on Curriculum of the Nursing Education Section a grant of money of at least $500.00; this money to be used for assistance in completing the very important work of this Committee.

The Mary Agnes Snively Memorial

Resolved:

1. That a Memorial to Miss Snively be established by which three medals will be presented at each general meeting of the Canadian Nurses Association to nurses whose work exemplifies Miss Snively's ideals of nursing and service; there should be an impressive ceremony in connection with the presentation which should include a review of Miss Snively's life.

2. That two thousand dollars ($2,000) of the Association's assets be designated for the provision of the Memorial to Miss Snively.

The Canadian Nurse

Resolved:

1. That two thousand dollars ($2,000) of the assets of the Canadian Nurses Association be designated annually for a possible deficit of *The Canadian Nurse* until the next General Meeting of the Association, the balance of the Memorial Fund to be absorbed in this way.

2. That separate incorporation of *The Canadian Nurse* shall not take place for another two years.

National Affiliations

Resolved:

That the future policy of the Canadian Nurses Association be one of non-affiliation with other national organizations.

History of Nursing

Resolved:

That the report of the History of Nursing Committee be tabled, the matter to be re-opened at a later date.

Professional Exhibits

Resolved:

That for future meetings of the Canadian Nurses Association, the Provincial Association of the province in which the meeting is being held be asked to supply an exhibit for the meeting. In this way expense of sending exhibit material will be saved. Each province will have a turn at providing an exhibit and the exhibit for each meeting will be entirely new.

Institute of Public Hea
Faculty of Public Health of t
University of western On

RESOLUTIONS FROM THE SECTIONS

From the Private Duty Section:

Resolved:

That the Executive Committee of the Canadian Nurses Association be requested to appoint a Committee:

(*a*) To work out a constructive programme in each province to broaden the usefulness of registries to the public and to the nurse.

(*b*) To define the functions of the private duty nurse and to formulate standards concerning her professional education, and the quality of service to be rendered to the community both from an ethical and practical standpoint.

(*c*) To study intensively the principles of health insurance as these apply to private duty nurses.

From the Nursing Education Section:

Resolved:

That a Committee be formed within the Nursing Education Section, to be known as the Committee on Instruction, for the purposes of securing closer contact and for the consideration of special problems.

RECOMMENDATIONS FROM COMMITTEES

From the National Joint Study Committee:

1. That Dominion Registration, controlled by the Canadian Nurses Association is desirable.

2. That a nucleus of a Committee on Dominion Registration should be appointed by the C.N.A. in some locality and that a representative of each province be added to this Committee by appointment of each of the Provincial Associations.

3. That this Committee undertake to study existing standards of nursing education in the various provinces and to suggest desirable standards of Dominion Registration.

4. That all who nurse the sick for hire should be licensed.

5. That licensing should be under provincial control.

6. That each provincial association appoint a body to study and take action re clauses (4) and (5), and that in each province the body acting in this matter confer with the Provincial Joint Study Committee, obtaining this Committee's opinion and help as far as possible.

From the Central Curriculum Committee:

1. That a period of experience in psychiatric nursing be added to the five major courses at present approved by the C.N.A. as the basic requirement for approved schools; and that, until student affiliation be secured every encouragement should be given to postgraduate experience in this field.

2. That a period of experience with a public health organisation be given in the undergraduate course and that this experience should be urged.

3. That all supervisors and instructors in schools of nursing be qualified before assuming teaching responsibilities.

4. That ample time be allowed for consideration of the first draft of the Curriculum before publication in book form is undertaken.

From the Committee on Curriculum for Nurses-in-Training in Mental Hospitals:

1. As soon as possible nurses-in-training in mental hospitals should be replaced by general duty nurses and, where facilities justify it, by postgraduate or undergraduate affiliate students. At present, and until affiliations are arranged, it

seems inevitable that a certain number of training schools will continue to operate in mental hospitals.

2. The Committee does not recognize the need for more than a very limited number of male nurses.

3. The Committee approves the principle of the mental hospital training an auxiliary staff of attendants, male and female, with careful delineation of their duties and supervision by the nursing staff.

From the National Joint Committee on Enrolment of Nurses for Emergency Service in War or Disaster:

1. That a maximum establishment of enrolment for emergency service be laid down, the total for Canada not to exceed 3,000 nurses in Classes A, B, and C comprising the ages up to forty-five years. Nurses in Class D might enroll in addition to this number and, if the Canadian Nurses Association agrees with the recommendation, the proposal should be submitted to the Provincial Joint Committees.

Explanatory Note:

Class A: Nurses enrolled for war and disaster.

Class B: Nurses enrolled for war only.

Class C: Nurses enrolled for disaster only.

Class D: Reserves, including nurses over the age of forty-five years.

2. That the Provincial Joint Committees on enrolment for emergency service should meet at least once a year, one meeting to be held in November or December, so that the enrolment in the province might be reviewed and a report be submitted to the National Joint Committee not later than January 31st.

From the Publications Committee:

1. That the present editor and business manager of *The Canadian Nurse* be reappointed for a further two-year period.

2. That the amount of money to be budgeted for salaries be $4,700.00.

3. That the editor and business manager have one month's vacation annually.

From the Florence Nightingale Memorial Committee:

1. That for the Florence Nightingale Memorial Foundation Scheme the Canadian Nurses Association should make an effort to provide one scholarship of £250 annually for a period of five years, the first scholarship being awarded in 1934.

2. That the total objective of the Canadian Nurses Association to the Florence Nightingale Memorial Foundation for five years to £1,250 towards scholarships and £1,250 towards the Endowment Fund, and that annually for the next four years the C.N.A. raise at least sufficient money for a scholarship of £250 and that all the extra money raised each year be sent towards the endowment.

3. That at the General Meeting of the Canadian Nurses Association in 1936 a report of the financial progress made by the Florence Nightingale International Foundation be received and plans made at that time for securing the balance of the Endowment Fund.

REGISTRATION OF NURSES
Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in November.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to

MISS A. M. MUNN, Reg. N.
Parliament Buildings, Toronto

. . . OFF . . . DUTY . . .

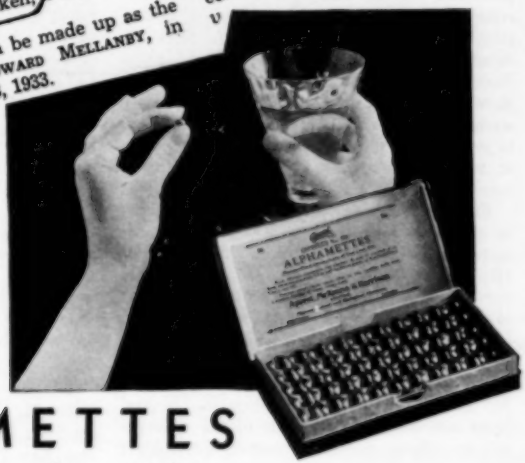
We have been mildly rebuked . . . by a steady subscriber . . . in Western Canada . . . for being too lyrical . . . about the beauties of Montreal . . . She says that there are other mountains in Canada . . . much bigger and better than Mont Royal . . . for example Pilot Mound in Manitoba . . . not to mention the Lions which guard the harbour at Vancouver . . . She asked us whether we have ever seen Mount Edith Cavell . . . or Mount Robson . . . or even . . . (yes, she said even) . . . the mountain at Hamilton . . . and we replied in a low chastened voice . . . that we have been privileged to gaze on all these towering peaks . . . and very fine they are too . . . though not to be compared to the hills in North Wales . . . which overlook the Vale of Clwyd . . . No other hills will ever look so high to us as those . . . nor as beautiful . . . Nevertheless we sympathize with her . . . when she says that when the time comes . . . for her ashes to be scattered . . . to the four winds of heaven . . . she hopes that a little pinch of them . . . will finally come to rest . . . in many widely-separated parts of Canada . . . such as Chester, Nova Scotia . . . and St. Andrews, New Brunswick . . . and the lake shore at Toronto . . . the quiet part where you look out toward the Eastern Gap . . . She would also like . . . to gently drift down . . . on a fine autumn morning . . . in the Qu'appelle Valley . . . and so on and so on . . . Then she asked about us . . . and we replied that if we left enough money to pay postage . . . we would like a teaspoonful or two sent to Paris . . . to be dropped into the Seine from the Pont Neuf . . . but if that wasn't possible . . . then the Seine in Manitoba . . . would do quite nicely . . . She did not believe there is such a stream . . . but there is . . . and there is a bridge over it too . . . it is a suspension bridge with an insecure handrail . . . and it sways perilously . . . when you cross it . . . on your way to the Trappist Monastery . . . to buy strange cheese . . . done up in round balls . . . and honey which the bees make from fireweed . . . These purchases have to be negotiated with the Brother at the grille . . . who has a big black cat and a red geranium . . . to solace him . . . Once we saw this Brother crossing the bridge . . . to the village . . . It made us think of the Bridge of San Luis Rey . . . It was an evening in October . . . and the sky was primrose yellow . . . and so were the trembling leaves of the poplars . . . and the Manitoba Seine . . . was a stream of molten gold . . . Incidentally, as we write . . . we are looking at Mont Royal . . . where the Autumn is flaunting . . . its scarlet banners . . . But we will say no more . . . The outraged feelings . . . of steady subscribers . . . in the West . . . or elsewhere . . . must not be trifled with . . . lest worse befall . . .

HELD OVER

We regret that, owing to lack of space, we are obliged to hold over a number of news items until next month.—EDITOR.

Diet in Pregnancy

THE mother's diet, during pregnancy and lactation, ought to include:
2 pints of milk daily.
1 or 2 substantial servings of green vegetables—cabbage, spinach or lettuce—daily.
1 or 2 eggs or egg yolks daily.
An apple or orange or some fresh fruit daily.
Sea fish twice or more a week.
Calf's liver once a week.
If cod-liver oil can be taken, 2 teaspoonfuls daily is advisable.
The rest of the diet can be made up as the woman wishes.—Dr. EDWARD MELLANBY, in *Lancet* (Lond.), Nov. 18, 1933.



ALPHAMETTES

A simple medium for cod liver oil therapy

During pregnancy, the need for greater vitamin A and D intake is generally accepted, in order to build up a reserve for the developing foetus and to lower the maternal risk of puerperal pyrexia. Unfortunately, there are many patients who cannot, or will not co-operate when advised to take cod liver oil. Alphamettes present a logical and simple solution to this problem. Alphamettes, being a defatted concentrate of cod liver oil in capsule form, are easy to take, and being defatted, cause none of the gastric distress sometimes associated with cod liver oil "by the teaspoonful".

Each Alphamette exhibits the complete vitamin value of three teaspoonfuls of cod liver oil conforming with requirements of the U.S.P. X (1934 revised) and retains the same vitamins A and D ratio that long clinical experience has established as being sound and practical.

AYERST, McKENNA & HARRISON
LIMITED
Pharmaceutical and Biological Chemists
MONTREAL CANADA

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: At the annual meeting of the Calgary Graduate Nurses Association held on Sept. 18, the following officers were elected by acclamation: Hon. president, Dr. H. A. Gibson; president, Miss P. Gilbert; first vice-president, Miss F. E. C. Reid; second vice-president, Miss O. Zimmerman; recording secretary, Miss A. Young; corresponding secretary, Miss M. Fleming; treasurer, Miss M. Watt. Annual reports were read and plans discussed for the winter. Much interest was shown in the new Group Nursing Society started by one of the members, Miss Maberley, to make nursing service available to the public at minimum cost, also providing work for a considerable number of nurses.

EDMONTON: The 1934 Scholarship, given by the Registered Nurses Association of Alberta, has been awarded to Miss Claressa Dean (R.A.H., 1929), who has enrolled for the public health nursing course at the University of Toronto. Edmonton nurses were privileged in meeting Miss Smellie, Chief Superintendent of the Victorian Order of Nurses, during her visit. Miss Smellie especially stressed the need for greater knowledge of nutrition. Several home economics departments of the universities are taking special interest in this subject just now and are forming voluntary clubs among their dieticians to study the subject.

MANITOBA

BRANDON: The Brandon Graduate Nurses Association held their opening meeting at the General Hospital on October 2. The president, Miss E. McNally, was in the chair and after a brief business meeting the General Hospital Group took charge, Miss M. Finlayson introducing the speaker, Dr. J. S. Matheson. His topic, "Primitive Medicine," was most interesting. A pleasant evening was closed with a social hour, refreshments being served by the hospital group.

ST. BONIFACE: The first full meeting of the St. Boniface Nurses Alumnae Association was held recently. The constitution and by-laws were revised and the date of the annual meeting changed from the first week of January to the first week in June. Following the meeting an interesting demonstration of the nasal gastric suction apparatus was given by the Rev. Sister Desilit and Poliquin of St. Boniface Hospital. This was greatly appreciated, as the treatment is fairly new, and members not doing hospital duty have had little opportunity to learn the routine. During the coming winter we hope to have several similar demonstrations.

WINNIPEG: The Winnipeg General Hospital Alumnae Association held its first autumn meeting on Oct. 3, with a record attendance. Miss Emily Parker, our president, gave a splendid talk on the Biennial Meeting. Interesting letters were heard from various members of our school who are in other countries, including one from Miss Margaret Suderman (1927), who is in India. A gratifying report was heard from the Nurses Trust Fund, to which any W.G.H. graduate may contribute and which is used to place graduate nurses on with very ill patients who otherwise could not afford it, thus being of service to many patients and a means of giving employment to many nurses. Already over five thousand dollars has been donated, giving over twelve hundred days' work to our nurses. It was announced that the W.G.H. Alumnae Club will re-organize under five groups. Mass meetings are to be held twice monthly.

NEW BRUNSWICK

BATHURST: The graduation exercises of the James H. Dunn Hospital, Bathurst, were held on Sept. 5, with Mr. George Gilbert, K.C., in the chair. Dr. J. G. Logis addressed the class and Lady Dunn presented the diplomas. Dr. Cotton of London, England, was the guest speaker and paid high tribute to Canadian nurses. Miss Stuart, superintendent of nurses, presented the school pins.

MONCTON: The regular meeting of the local chapter of the N.B.A.R.N. was held on Sept. 7, with a good attendance. The members were invited to a tea given by Miss MacMaster and Miss Wilson in honour of Miss C. P. Scott, who was recently married to Mr. Arthur DeBow. The members of the Chapter who attended the annual meeting of the N.B.A.R.N. in Saint John were Misses A. J. MacMaster, M. MacLaren, D. Oliver and E. O'Brien.

MARRIED: In June, 1934, Miss Annie Gregan (Moncton Hospital) to Mr. George Potter of Hardwick, N.B.

SAINT JOHN: The Saint John General Hospital Alumnae Association held its meeting on Oct. 1, with the president, Mrs. G. L. Dunlop, in the chair. Plans were made for a bridge to be held early in November. The appointment of Dr. E. C. Menzies as superintendent and Dr. R. A. Gregory as medical assistant, with Miss Lois A. Smith, superin-

tendent of nurses at the Provincial Hospital at Fairville, gave great pleasure to many nurses in New Brunswick.

MARRIED: On Oct. 6, 1934, Miss Doris Robinson (S.J.G.H.), to Mr. Thane Belyea.

SAINT JOHN: The graduating exercises of the School of Nursing of St. Joseph's Hospital were held Sept. 10. The prize-winners were Miss Vera McCarron, Miss Marion O'Neill and Miss Mary Featherbarrow. Other members of the class are: Misses M. Fitzgerald, M. Feeney, E. McFadden, E. Burns, T. Murphy, M. Clancy. Dr. G. F. Skinner, president of the medical staff, was chairman, and Mayor Brittain and Rev. J. W. Harland addressed the class. The Alumnae Association were hostesses on Sept. 13 at a dinner given for the members of the graduating class. The new members were welcomed by Mrs. J. L. Mullaly, president of the Association. Bridge was enjoyed and the evening proved very enjoyable.

WOODSTOCK: The monthly meeting of the Alumnae Association of the L. P. Fisher Hospital was held Sept. 18, with Mrs. Harry Dunbar in the chair. The usual business was transacted after which refreshments were served.

NOVA SCOTIA

BERWICK: Western Kings Memorial Hospital, Berwick, recently held its graduating exercises, when Miss D. E. Nelson, Miss G. H. Conrad, Miss M. Graham and Miss E. M. Bowlby received their diplomas. This is the first class to graduate as it has been decided to discontinue the training school.

MARRIED: In September, Miss Muriel Ethel MacLeod, R.N., B.Sc. (St. Martha's Hospital, 1930), to Dr. James A. MacLeod.

HALIFAX: The Alumnae Association of Victoria General Hospital held its first meeting of the season on October 1, with Miss Gertrude Crosby, the president, in the chair. Plans were discussed for the winter meetings, and all are looking forward to a very active period. Miss Louise Steele has been appointed supervisor of the Halifax Branch of the Victorian Order of Nurses.

NEW GLASGOW: A meeting of the Executive Committee of the Provincial Association was held on Sept. 29, at Aberdeen Hospital, New Glasgow. A most interesting account of the Biennial Meeting was given by Nova Scotia's delegate to the convention, Miss Catherine Graham, of Halifax. Following this, tea was served by Miss Marion Boa, Superintendent of Aberdeen Hospital.

ONTARIO

DISTRICT 1

CHATHAM: Miss Lena Chaurin (St. Jo-

The "CATARRHAL FEVERS"

Under this convenient classification Fantus groups the common cold, grippe, influenza.

The chief problem in treatment, he states, is to restore the lost immunity, and alkali is the only medication likely to aid in this . . .

There is a clinical tradition, says Fantus, that alkali favors recovery and prevents complications—perhaps by antagonizing acidosis.

BiSoDoL
BUILDS ALKALI RESISTANCE

The balanced formula of BiSoDoL makes it possible to build up the alkali reserve in colds, influenza and similar conditions safely, effectively.

BiSoDoL is prescribed by physicians in all conditions where a balanced antacid-digestant is indicated.

Write for Samples and Literature

BiSoDoL
THE BiSoDoL COMPANY
WALKERVILLE, ONTARIO

Stop! Look! Listen!

Has it occurred to you that

The Canadian Nurse

would make a grand Christmas present?

Send us the name and address (and two dollars, of course!) and we will break the happy news by means of a charming Christmas card.

P.S.—*If she lives abroad, we are sorry, but it will be 50 cents extra.*

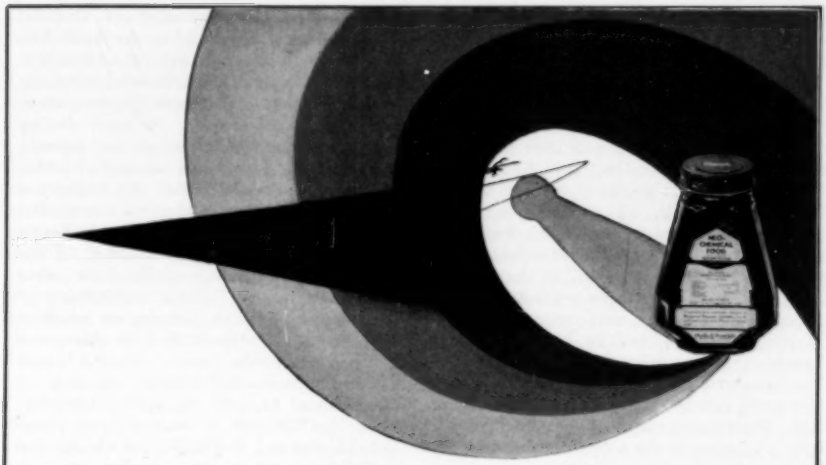
seph's Hospital, 1930) has entered the novitiate of the Sacred Heart Convent. Prior to her doing so Miss Hazel Grey entertained the Alumnae Association in her honour. Miss M. Donovan read an address and presented her with a Missal as a parting remembrance. Complimenting Mrs. Dr. Johnston, Miss Mary Doyle entertained the Alumnae Association at bridge; the guest of honour was presented with a walnut coffee table. The members of St. Joseph's Hospital Alumnae Association have resumed their fall activities; Miss Jessie Ross gave a very interesting report of the meeting of the Canadian Nurses Association. Business matters were discussed and plans made to hold a bridge at the hospital.

DISTRICT 4

HAMILTON: The regular meeting of District 4 was held on Sept. 28 at the Ontario Hospital when Dr. Williams, superintendent, gave an address on mental diseases. A good attendance was present. Mrs. R. Hess has been appointed Assistant Night Supervisor at the Hamilton General Hospital to take the place of Miss Edith Bingeman, who is joining the day staff. Miss Margaret Buchanan of the supervising staff, has resigned and her marriage will take place early in November. Miss Alma Tallman has severed her connection with the Victorian Order of Nurses to return to China, where she will be engaged in public health work. Miss Dorothy Truesdale and Miss Mary McIlquham have obtained one year's leave of absence from the Victorian Order of Nurses to undertake a course of study in public health nursing at McGill University, Montreal.

MARRIED: Miss Constance E. Woodford (H.G.H., 1927), to Mr. Frank W. Leet.

ST. CATHARINES: The annual meeting of the Mack Training School Alumnae Association was held on Sept. 5, when the following officers were elected: Hon. president, Miss Anne Wright, General Hospital, St. Catharines; president, Miss Nora Nold, General Hospital; first vice-president, Miss M. McClunie, 59 Chaplin Ave.; second vice-president, Miss E. Horton, R.R. No. 2; secretary, Mrs. J. Smith, 128 Queenston St.; treasurer, Miss E. Daboll, 1 Fitzgerald St. Conveners: Social Committee, Miss Bernice Rule, 146 Welland Ave.; Programme Committee, Miss Aleda Brubacher, 1 Fitzgerald St.; Representative, *The Canadian Nurse*, Miss Gertrude Featherstone, 17 Hainer St.; Correspondent to *The Canadian Nurse*, Miss Emily Purton, Box 35, Thorold. After the meeting a social hour was enjoyed when Miss Tuck, on behalf of the Alumnae Association, presented Miss Helen Brown with a silver toilet set in recog-



NEO-CHEMICAL FOOD

WITH VITAMINS

CONCENTRATED

An Ideal Fall and Winter Tonic

for

CHILDREN AND ADULTS

23¼ Oz. BOTTLES	7¾ Oz. BOTTLES	BOXES OF 50 CAPSULES

Charles E. Frosst & Co.

Manufacturing Pharmacists since 1899

TORONTO MONTREAL RICHMOND, Va.

nition of the work she did in making the sixtieth anniversary of the Training School a success, and for compiling the history of the Training School, which was published in book form.

DISTRICT 5

OSHAWA: The members of District 5 were the guests of Chapter One, R.N.A.O., Whitby and Oshawa, at a general meeting held in Oshawa on Sept. 8. The afternoon activities included tea, served in the Nurses Residence of the Hospital, by the Women's Board, and a trip to the "Plant Hospital" of the General Motors Company. At the evening meeting addresses of welcome were extended by the Mayor of Oshawa, and by Mrs. R. S. McLaughlin, representing the Hospital Board. The membership committee reported the largest active membership that District 5 has ever had. The programme was unique for this district. Adhering to the policy decided upon by the executive as a plan for the meetings for this year, which is to have the nurses themselves take charge of the meetings, this particular programme was planned by the nurses of Chapter One. They entitled it "Nursing Activities of Chapter One." Most interesting and instructive papers were read on the following phases of nursing, as carried out in Oshawa and vicinity: public health nursing; industrial nursing; private duty nursing; mental nursing; Motherhood Association of Oshawa; visiting bedside nursing and hospital social service nursing.

TORONTO: MARRIED: On August 18, 1934, at Trinity United Church, Toronto, Miss Eleanor Hinch (Wellesley Hospital, 1922), to Mr. Kenneth Little.

MARRIED: On June 30, 1934, at Almonte, Miss Mary Jamieson (Wellesley Hospital, 1930), to Mr. Gerald Charlesworth.

MARRIED: On June 30, 1934, at Powassan, Ont., Miss Mabel Knight (Wellesley Hospital, 1933), to Mr. Elliot.

MARRIED: Miss Margaret MacDougal (Wellesley Hospital, 1929), to Mr. MacIntyre.

MARRIED: On June 30, 1934, in Hart House Chapel, Toronto, Miss Mary McKay (Wellesley Hospital, 1930), to Mr. Eric Allan.

DISTRICT 6

LINDSAY: MARRIED: On Sept. 8, 1934, Miss Phyllis M. Emmerson (Ross Memorial Hospital, Lindsay), to Mr. Charles Thomas.

MARRIED: On August 27, 1934, Miss Helen A. Blanchard (Ross Memorial Hospital, Lindsay), to Mr. Michael Tangney.

DISTRICT 9

SAULT STE. MARIE: Miss Katherine MacKenzie, of North Bay, chairman, presided at the annual meeting of District No. 9 of the Registered Nurses Association of Ontario, which was held Sept. 15, at the Sault Ste. Marie General Hospital. Invocation was pronounced by Rt. Rev. T. J. Crowley, who was introduced by Miss Elizabeth Gordon, chairman of the local chapter. A paper dealing with the selection of students for training schools and eight-hour duty was given by Miss Katherine F. Younge, B.Sc. An instructive paper on the prevention of goitre was delivered by Dr. A. Sinclair. Miss K. MacKenzie expressed gratitude for the kindness of the Sault chapter in the preparation of the splendid programme. Her address was suitably responded to by Miss M. Delaney on behalf of the Sault chapter of the R.N.A.O. Afternoon tea was served by the General Hospital Nurses Alumnae Association. Those assisting in serving were: Mrs. W. Alderdice, Misses F. Quinn, J. O'Driscoll, F. Alderdice, A. Camirand, M. Gaffney, Y. Cloutier, G. George and A. O'Connor. A business meeting followed, Miss K. MacKenzie presiding. In her chairman's address, she stressed the importance of unity and co-operation in the nursing profession, and the need for voluntary enrolment for service in war and disaster. Reports and correspondence were presented by the secretary-treasurer, Miss Robena Buchanan, Gravenhurst, and discussion followed. The election of officers for the district resulted as follows: Chairman, Miss Elizabeth Smith, New Liskeard; first vice-chairman, Miss Jean Smith, Gravenhurst; secretary-treasurer, Miss Robena Buchanan, Gravenhurst; and councillors, Rev. Sister Fidelis, Timmins; Miss Mina Carson, Sault Ste. Marie; Miss Helen Jordan, North Bay; Miss H. Atkinson, Kirkland Lake; Miss G. Rowden, Cobalt, and Rev. Sister Felicitas, North Bay. Guests and delegates were met upon arrival by Miss L. Goatbe, Miss Frances Alderdice, Miss Mina Carson and Miss R. Densmore. In the evening over seventy nurses gathered at the Windsor Hotel, where a banquet was served. Acting-Mayor Baldwin, in his address of welcome, expressed greetings from the Council. He stressed the need of co-operation between the medical profession, the nurses and the general public. Dr. Spratt brought greetings from the Medical Society, while Dr. Roberts, M.P.P. for Algoma, addressed the gathering on present nursing problems. Two delightful solos were rendered during the programme.

NORTH BAY: An executive meeting of District 9 of R.N.A.O. was held on Sept. 4, at St. Joseph's Hospital, North Bay. Miss K. MacKenzie presided. A chapter of the North Bay members was organized with the election of officers as follows: Chairman, Miss Alice

Quinlan; vice-chairman, Miss Helen Jordan; secretary-treasurer, Miss K. F. Docker.

MARRIED: On Sept. 15, 1934, Miss Grace Ludford (Queen Victoria Memorial Hospital, North Bay), to Mr. William Aubrey Macartney.

OWEN SOUND: A jolly kitchen shower was held at the home of Mrs. Tomlinson in honour of a bride-to-be, Miss Cora Stewart (G. & M.H., 1923), and about twenty-five members of the Alumnae Association were present. A decorated basket containing cream and green enamel ware was brought in by Miss Madge Story and Miss Alma Weeden. Mrs. D. J. McMillan, on behalf of the Alumnae Association, presented Miss Stewart with a walnut table.

QUEBEC

MONTREAL: Miss R. Osborne has returned from a vacation spent in England and Scotland. Miss Rose Wilkinson has completed a course in anaesthesia at the Royal Victoria Hospital, and after a vacation will resume her duties at the Children's Memorial Hospital. Miss Jean Argue has accepted a position as night supervisor at the Montreal Foundling and Baby Hospital. Miss Jeannette Manuel has accepted the Children's Memorial Hospital scholarship, and is taking the public health course at the McGill School for Graduate Nurses.

QUEBEC: The Alumnae Association of Jeffrey Hale's Hospital held their first meeting of the season on Oct. 1, when Miss F. Upton gave a most interesting address. The sympathy of the members is extended to the Misses Mayhew and Mackay on the death of their mothers and also to the Misses Jack on the death of their father. Miss E. Richardson is replacing Mrs. A. Drysdale (Miss Ena West) on the staff of the Joyce Memorial Hospital, Shawinigan Falls.

MARRIED: On Sept. 8, 1934, Miss Ena West (J.H.H., 1929), to Mr. Alexander Drysdale.

SASKATCHEWAN

REGINA: On Sept. 29, an autumn tea was held under the auspices of the Regina Branch of the Saskatchewan Registered Nurses Association, at the Nurses Residence, of the General Hospital. The proceeds, some seventy dollars, are to be used to augment the Nurses Relief Fund. This fund provides nursing care for seriously ill indigent patients, and is a source of employment for graduate nurses. Miss Elizabeth Smellie, Chief Superintendent of the Victorian Order of Nurses, addressed a meeting of the Registered Nurses Association, Regina Branch, on Oct. 4. The Saskatchewan Health Officials' Association met in Regina on Oct. 10. One feature of the programme was a round-table conference on public health nursing. Miss R. M. Simpson was chairman and the subject was introduced by Miss Ruth Morrison of Prince Albert and Miss Anne Morton of Weyburn. On Oct. 11, a conference of provincial public health nurses was held at the Legislative Buildings, Department of Public Health.

MARRIED: At Regina, on June 28, 1934, Miss Helen B. Smith (V.G.H., 1926) to Dr. J. A. Brown of Regina. Miss Smith was formerly superintendent of nurses at the Regina General Hospital.

SASKATOON: A dance was held by the City Hospital Alumnae Association on October 3, 1934. Mrs. W. S. Holmes, Miss E. Amas and Miss M. Chisholm lent their patronage to the charmingly arranged affair.

OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

On September 7, 1934, a wreath of laurel leaves and popies (procured from the British Legion) was placed by Matron-in-Chief Margaret Macdonald at the Cenotaph in London, England. The wreath bore a card inscribed: "In proud and loving memory, from those who also served. 1914-1918," signed: J. MacLeish, South Africa; E. Orr, Australia; M. Thurston, New Zealand; J. Trail, India; M. C. Macdonald, Canada. All these signatures are those of nurses who served during the Great War as matrons of nursing services recruited in various far-distant parts of the Empire. Within a fortnight of their brief meeting in London they were scattered once more to the four quarters of the globe. But the link of shared memories can never be broken: "All round the world, and a little hook to fasten it."

VANCOUVER: Entertaining in honour of Miss Elizabeth Smellie, C.B.E., R.R.C., members of the Vancouver unit of the Overseas Nursing Sisters' Association of Canada were hostesses at a luncheon. Congratulations on the honour recently conferred upon her by the King were extended her by the president, Miss Laura Holland, following which Miss Smellie gave an informal and entertaining

talk. She brought greetings and messages from other units of the association and touched upon some of the questions that had come up for discussion at the reunion held in Toronto in June. Covers were also laid for Miss M. E. Learned, Mrs. J. M. Brough, Mrs. S. Shepherd, Miss E. Martin, Mrs. C. McDiarmid, Miss J. Johnston, Mrs. B. Heyer, Mrs. H. Wood, Mrs. J. Rose, Mrs. E. Helliwell, Mrs. T. K. McAlpine, Mrs. A. W. Hunter, Miss M. McLane, Miss M. Duffield, Miss B. Bennett, Miss K. Conway-Jones, Mrs. A. Valentine, Miss D. Oliver, Mrs. J. Slevin and Miss M. Ogilvie.

OBITUARY

GRENVILLE—On August 31, 1934, at Thorold, Ont., Ina I. Grenville. Miss Grenville was a member of the Alumnae Association of the Mack Training School of St. Catharines, from which she graduated in 1913. After a period of private duty nursing she enlisted for overseas service in 1915 under

Miss Ina Grenville

the St. John Ambulance Corps. During the time of her service, which lasted till the close of the Great War, she served in Malta, France and England, being attached to the Canadian Red Cross, the British Red Cross, and the Canadian Army Medical Corps. At the close of the war Miss Grenville joined the staff of Christie Street Hospital, Toronto, and later was one of the first eight nurses sent out by the Provincial Department of Health. For the past thirteen years she rendered valuable community service under this department in Algoma District and the friendships she established and the contacts she made with the people of Algoma and the North meant much to her, while her sympathy and understanding endeared her to them. It will be many years before the memory of Miss Grenville's cheerfulness and ready spirit of helpfulness fades in the thoughts of her friends and colleagues. The funeral services were military in character and a guard of honour was provided by members of the Canadian Legion and nurses representing the Ontario Department of Health and the Alumnae Association of the Mack Training School for nurses. The ceremony ended with the sounding of The Last Post.

BARR—On August 8, 1934, Winnifred Barr, aged 25 years. Miss Barr was a member of the class of 1929 of the Mack Training School for Nurses, St. Catharines, Ont. She practiced as a private duty nurse and later was a member of the nursing staff of the Niagara Peninsula Sanitarium in which institution her death occurred. She endeared herself to her many friends by her sunny disposition and by the quiet patience with which she bore her illness.

DILLON—The death occurred on September 10, 1934, of Miss Alma Dillon, graduate of St. Joseph's Hospital, Chatham (class 1930). Miss Dillon took great interest in all nursing activities and will be sadly missed by all who knew her.

MacDONALD—On September 7, 1934, at Glace Bay, Mrs. John A. MacDonald (née Lydia Turner), formerly superintendent of Harbour View Hospital, Sydney Mines.

RODGER—On October 30, 1933, Ethel Greenwood Rodger, a member of the class of 1926 of the School of Nursing of the Hamilton General Hospital. Miss Rodger died of pneumonia at St. Mary Abbot Hospital, London, England. Cremation took place in England and burial at Drummond Hill Cemetery, Niagara Falls, Ont. Miss Rodger had taken postgraduate courses in obstetrics at the Chicago Lying-in Hospital and in general anaesthesia at Grace Hospital, Detroit, and was keenly interested in her profession.

Official Directory

International Council of Nurses:

Secretary, Miss Anna Schwarzenberg, 14, Quai Gustav Ador, Geneva, Switzerland

CANADIAN NURSES ASSOCIATION

Officers

President.....Miss R. M Simpson, Parliament Buildings, Regina, Sask.
First Vice-President.....Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President.....Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary..... Miss Elsie Wilson, 668 Bannatyne Ave., Winnipeg, Man.
Honorary Treasurer.....Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss J. Clow, 11138-82nd Ave., Edmonton.

British Columbia: (1) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (2) Miss L. Mitchell, Royal Jubilee Hospital, Victoria; (3) Miss M. Duffield, 175 Broadway East, Vancouver; (4) Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria.

Manitoba: (1) Miss Mildred Reid, Nurses Residence, Winnipeg General Hospital, Winnipeg; (2) Miss G. Thompson, Misericordia Hospital, Winnipeg; (3) Miss E. McKelvey, 603 Medical Arts Building, Winnipeg; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Lenta G. Hall, Victorian Order of Nurses, Halifax; (2) Miss H. Joncas, Victoria General Hospital, Halifax; (3) Miss M. O. Gray, New Glasgow; (4) Miss C. MacLean, 97 South Kline St. Halifax.

Ontario: (1) Miss Majorie Buck, Norfolk Hospital, Simcoe; (2) Miss S. M. Jamieson, R.R.1, Brantford, (3) Mrs. Agnes Haygarth, 19 Dromore Crescent, Westdale, Hamilton; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss Dorothy McKenna, Summerside; (4) Miss M. Gamble, 51 Ambrose St. Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Christine Dowling, 1246 Bishop Street, Montreal; (4) Miss C. M. Watling, 1230 Bishop Street, Montreal.

Saskatchewan: (1) Miss Edith Amar, City Hospital, Saskatoon; (2) Miss Annie Lawrie, General Hospital, Regina; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs., Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

CHAIRMEN NATIONAL SECTIONS

NURSING EDUCATION: Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal; PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldgs., Winnipeg; PRIVATE DUTY: Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal; VICE-CHAIRMAN: Miss Constance Brewster, General Hospital, Hamilton; SECRETARY: Miss Nora Nagle, 270 Cooper Street, Ottawa; TREASURER: Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa.

COUNCILLORS—**Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss L. Mitchell, Royal Jubilee Hospital, Victoria. **Manitoba:** Miss G. Thompson, Misericordia Hospital Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss H. Joncas, Victoria General Hospital, Halifax. **Ontario:** Miss S. M. Jamieson, R.R.1, Brantford. **Prince Edward Island:** Miss F. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan:** Miss Annie Lawrie, General Hospital, Regina.

PRIVATE DUTY SECTION

CHAIRMAN: Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon; VICE-CHAIRMAN: Miss C. M. Watling, 1230 Bishop Street, Montreal; SECRETARY-TREASURER: Miss Helen Wills, 2840 Robinson Street, Regina.

COUNCILLORS—**Alberta:** Miss J. Clow, 11138-82nd Ave., Edmonton. **British Columbia:** Miss M. Mirfield, Beachcroft Nursing Home, Victoria. **Manitoba:** Miss K. McCallum, 181 Enfield Cres., Norwood. **New Brunswick:** Miss Mabel McMullen, St. Stephen. **Nova Scotia:** Miss C. MacLean, 97 South Kline St., Halifax. **Ontario:** Miss J. L. Church, 120 Strathcona Ave., Ottawa. **Prince Edward Island:** Miss M. Gamble, 51 Ambrose St., Charlottetown. **Quebec:** Miss C. M. Watling, 1230 Bishop Street, Montreal. **Saskatchewan:** Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon. CONVENER OF PUBLICATIONS: Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, Legislative Bldgs., Winnipeg; VICE-CHAIRMAN: Miss M. Kerr, 946 20th Ave. W., Vancouver; SECRETARY-TREASURER: Miss Isabel McDiarmid, 363 Langside St., Winnipeg.

COUNCILLORS—**Alberta:** Miss B. A. Emerson, 604 Civic Block, Edmonton. **British Columbia:** Miss M. Duffield, 175 Broadway East, Vancouver. **Manitoba:** Miss E. McKelvey, 603 Medical Arts Bldg., Winnipeg. **New Brunswick:** Miss Ada Burns, Health Centre, Saint John. **Nova Scotia:** Miss M. O. Gray, New Glasgow. **Ontario:** Mrs. Agnes Haygarth, 19 Dromore Crescent, Westdale, Hamilton. **Prince Edward Island:** Miss Dorothy McKenna, Summerside. **Quebec:** Miss Christine Dowling, 1246 Bishop St., Montreal. **Saskatchewan:** Mrs. E. M. Feeny, Dept. of Health, Parliament Bldgs., Regina.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss J. Connal, General Hospital, Calgary; Second Vice-President, Miss E. McPhedran, Central Alberta Sanatorium, Calgary; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11107-82nd Ave., Edmonton; *Chairman: Nursing Education Section*, Miss J. Connal, General Hospital, Calgary; *Public Health Section*, Miss B. A. Emerson, 604 Civic Block, Edmonton; *Private Duty Section*, Miss J. C. Clow, 11138-82nd Ave., Edmonton.

BRITISH COLUMBIA

Graduate Nurses Association of British Columbia

President, M. F. Gray, 1466 W. 14th Ave., Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Fairley; Registrar, H. Randal, 516 Vancouver Block, Vancouver; Secretary, M. Kerr, 516 Vancouver Block, Vancouver; *Conveners of Committees: Nursing Education*, L. Mitchell, Royal Jubilee Hospital, Victoria; *Public Health*, M. Duffield, 175 Broadway East, Vancouver; *Private Duty*, Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria; Councillors, M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss M. Reid, Winnipeg General Hospital; First Vice-President, Miss S. Wright, Metropolitan Life, Winnipeg; Second Vice-President, Miss C. McLeod, Brandon General Hospital; Third Vice-President, Sister Krause, St. Boniface Hospital; Members of Board: Miss M. Lang, Miss E. Carruthers, Sister Mary, Miss K. W. Ellis, Miss K. McLearn, Miss M. Meehan, Miss E. Johnson, Sister St. Albert; *Conveners of Sections: Public Health*, Miss E. McKelvey; *Private Duty*, Miss K. McCallum; *Nursing Education*, Miss G. Thompson, Misericordia Hospital, Winnipeg. *Conveners of Committees:* Directory, Miss J. Kerr, 74 Cobourg Ave.; Social, Miss S. Pollexfen, 954 Palmerston Ave.; Sick Visiting, Miss L. Gray, Victorian Order of Nurses; Membership, Miss E. Ironside, Winnipeg General Hospital; Librarian, Miss W. Grice and Miss A. Starr, 753 Wolseley Ave.; Press and Publication, Miss E. Banks, 64 Cross St.; *Representatives:* Local Council of Women, Mrs. Willard Hill and Mrs. Emmett Dwyer; Central Council of Social Agencies, Miss F. Robertson; Victorian Order of Nurses, Miss E. A. Russell; Junior Red Cross, Miss E. Parker; Red Cross Enrolment, Mrs. J. F. Morrison; Executive Secretary and Registrar, Mrs. Stella Gordon Kerr.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Miss Margaret Murdoch; Second Vice-President, Miss Myrtle E. Kay; Honorary Secretary, Rev. Sister Kenny; Council Members: Miss Florence Coleman, Miss H. S. Dykeman, Mrs. A. G. Woodcock, Miss Elsie M. Tulloch; *Conveners: Public Health Section*, Miss Ada A. Burns; *Private Duty Section*, Miss Mabel McMullin; *Nursing Education Section*, Sister Kerr; *Committee Conveners: The Canadian Nurse*, Miss Kathleen Lawson; Constitution and By-Laws, Miss S. E. Brophy; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John, N.B.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Lenta Hall, Victorian Order of Nurses, Halifax; First Vice-President, Miss Sarah Archard, Victoria General Hospital, Halifax; Second Vice-President, Miss Anna Hillcoat, Amherst; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Treasurer and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Dorothy Percy, 7 Queens Park Cres., Toronto; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; Chairman, *Nurse Education Section*, Miss S. Margaret Jamieson, R.R. No. 1, Brantford; Chairman, *Private Duty Section*, Miss J. L. Church, 120 Strathcona Ave., Ottawa; Chairman, *Public Health Section*, Mrs. Agnes Haygarth, 19 Dromore Cres., Westdale, Hamilton; *District No. 1:* Chairman, Miss Mildred Walker, Institute of Public Health, London; Secretary-treasurer, Miss Mildred Chambers, Institute of Public Health, London; *Districts 2 and 3:* Chairman, Miss A. E. Bingeman, Freeport Sanatorium, Kitchener; Secretary-treasurer, Miss Edith Jones, 253 Grenwich St., Brantford; *District No. 4:* Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton; *District No. 5:* Chairman, Miss Dorothy Mickleborough, 20 Humewood Court, 9 Humewood Dr., Toronto; Secretary-treasurer, Miss Isabelle Park, 1348 Yonge St., Toronto; *District No. 6:* Chairman, Miss Helen M. Anderson, 709 Water St. Peterborough; Secretary-treasurer, Miss Dorothy MacBrien, Nicholls Hospital, Peterborough; *District No. 7*, Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-treasurer, Miss Olivia Wilson: General Hospital, Kingston; *District No. 8:* Chairman, Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa; Secretary, Miss A. G. Tanner, Ottawa Civic Hospital, Ottawa; Treasurer, Miss Mary Acland, Strathcona Hospital, Ottawa; *District No. 9:* Chairman, Miss Elizabeth Smith, Box 305, New Liskeard; Secretary-treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *District No. 10:* Chairman, Miss Vera Lovelace, 3 Wiley Rd., Port Arthur; Secretary-treasurer, Mrs. W. J. Burney, Ardeen Gold Mines, Kashabowie, Ont.

District No. 8 Registered Nurses Association of Ontario

Chairman, Miss M. B. Anderson; Vice-Chairman, Miss J. L. Church; Secretary, Miss A. G. Tanner, Ottawa Civic Hospital; Treasurer, Miss M. E. Acland; Councillors, Misses G. Clarke, A. Ebbs, M. Graham; E. C. McIlraith, C. C. Murray, M. Slinn; *Conveners of Committees:* Membership, Miss G. Clarke; Publications, Miss E. C. McIlraith; *Nursing Education*, Miss C. C. Murray; *Private Duty*, Miss J. L. Church; *Public Health*, Miss H. O'Meara.

District No. 9 Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors:* Rev. Sister Fidelis, Miss Mina Carron, Miss H. Jordan, Miss H. Atkinson, Miss G. Rowden, Rev. Sister Felicitas.

District No. 10 Registered Nurses Association of Ontario

President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary-Treasurer, Mrs. W. J. Burney, Ardeen Gold Mines, Kashabowie, Ont.; *Councillors:* Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Miss M. King, Charlottetown Hospital; Secretary, Miss M. Campbell, 8 Grafton St., Charlottetown; Treasurer and Registrar, Miss Edna Green, 257½ Queen St., Charlottetown; *Nursing Education*, Miss P. Lavers, Prince Co. Hospital, Summerside; *Public Health*, Miss Dorothy McKenna, Summerside; *Private Duty*, Miss M. Gamble, 51 Ambrose St., Charlottetown; Representative to *The Canadian Nurse*, Miss Anna Mair, P.E.I. Hospital, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec Incorporated 1920

Advisory Board: Misses Mary Samuel, Mabel F. Hersey, C. M. Watling, Rév. Mère M. V. Allaire, Rév. Soeur Ste. Isidora; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Esther Beith, Child Welfare Association, Forum Bldg., Montreal; Hon. Treasurer, Miss M. E. Nash, Victorian Order of Nurses, 1246 Bishop St., Montreal. Other Members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Rév. Soeur St. Jean de l'Eucharistie, Hôpital Notre Dame, Montreal, Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Mademoiselle Alexina Marchessault, Ecole d'Hygiène Social Appliquée, Université de Montreal. *Conveners of Sections: Private Duty*, (English), Miss C. M. Watling, 1230 Bishop St., Montreal; *Private Duty* (French), Mademoiselle Alice Lepine, Hôpital Notre Dame, Montreal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Augustine, Hôpital St. Jean-de-Dieu, Gamelin, Que; *Public Health*, Miss Christine Dowling, Victorian Order of Nurses, 1246 Bishop St., Montreal; Board of Examiners, Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal; Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal; Melle. Edna Lynch, 4642 rue St. Denis St., Montreal; Melle. Marie Anysie Déland, Institut Bruchési, Montréal; Melle. A. Marchessault, 3256 avenue Lacombe, Montreal; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss Ruby M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss Helen B. Smith, General Hospital, Regina; Councillors, Miss Jean McDonald, 1122 Rae St., Regina, Miss Elizabeth Smith, Normal School, Moose Jaw; *Conveners of Standing Committees: Nursing Education*, Miss Annie Lawrie, General Hospital, Regina; *Public Health*, Mrs. E. M. Feeney, Department of Public Health, Regina; *Private Duty*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; Legislation, Miss R. M. Simpson, Regina; Secretary-Treasurer and Registrar, Miss Margaret Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss Turner; Second Vice-President, Miss O'Brien; Recording and Corresponding Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Treasurer, Miss Gavin; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. M. Tobin; Second Vice-President, Miss M. Gilchrist; Secretary, Miss A. McLeod, 2 Diana Court; Treasurer, Miss F. Smith; *Committee Conveners:* Membership, Miss A. Allan; Flower, Mrs. W. Fraser; *Private Duty Section*, Mrs. Chas. Pickering; Correspondent, *The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss V. B. Eidt, Acting Superintendent, Kootenay Lake General Hospital; President Miss K. Gordon; First Vice-President, Miss M. Madden; Second Vice-President, Miss S. Archibald; Secretary-Treasurer, Miss Edna Fraser, Box 1105, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Mrs. Westman, 800 Cassair St., Vancouver; First Vice-President, Miss Jane Johnstone, Steveston, B.C.; Second Vice-President, Miss E. Berry, St. Paul's Hospital; Secretary, Miss F. Walker, Vancouver General Hospital; Treasurer, Miss L. Archibald, 536 West 12th Ave.; Council, Misses K. Sanderson, Kilburn, G. M. Fairley, Wismer and M. F. Gray. Finance, Miss Teulon, 1385 West 11th Ave.; Directory, Miss K. Motherwell, 1947 West 10th Ave.; Social, Miss A. J. MacLeod, Vancouver General Hospital; Programme, Miss B. Donaldson, St. Paul's Hospital; Sick Visiting, Miss C. Cooker, Vancouver General Hospital; Membership, Mrs. Blankenbach, 1816 West 36th Ave.; Local Council of Women, Misses Duffield and Gray; Press, Mrs. E. Simms, Vancouver General Hospital.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Mrs. E. B. Strachan, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron, Miss D. Frampton.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Eva McNally; Vice-Presidents, Mrs. L. Fletcher, Miss M. Parsons; Secretary, Miss Dorothy Longley, Mental Hospital, Brandon; Treasurer, Mrs. M. Long, Dominion Bank Bldg., Brandon; *Committees:* Press, Miss Helen Morrrison; Sick Visiting, Mrs. J. R. Fisher; Welfare, Miss E. M. Higgens; Social and Programme, Mrs. E. Hanna; Cook Books, Mrs. A. Kains; *Private Duty*, Mrs. L. Fletcher, Miss Isobel Knox; Registrar, Miss C. Macleod.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss E. Bean; Vice-President, Miss G. Dwaine; Corresponding Secretary, Miss F. Wardleworth; Recording Secretary, Miss Harvey; Treasurer, Miss Margaret Robins-Representative to *The Canadian Nurse*, Miss C. Hornby, Box 324, Sherbrooke; Representative, *Private Duty Section*, Miss E. Morrissette.

MONTREAL

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop St.; First Vice-President, Miss G. Allison; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss R. Last; First Vice-President, Miss C. Kier; Second Vice-President, Mrs. W. Metcalfe; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; *Conveners of Committees: Nursing Education*, Mrs. M. Young, Sr. Mary Raphael, Miss E. Jensen; *Private Duty*, Miss E. Wallace, Miss E. Farquhar, Miss T. Reynolds, Miss J. Casey; *Public Health*, Registrar, Miss C. Kier; Programme, Miss G. Taylor; Sick Visiting, Miss L. Trench; Social, Miss M. Armstrong; Constitution and By-Laws, Miss E. Lamond; Representative to *The Canadian Nurse*, Miss M. Gall; Press Representative, Mrs. J. Phillips.

Alumnae Associations

ALBERTA

A.A., Holy Cross Hospital, Calgary

President, Mrs. L. de Satge; Vice-President, Miss A. Willison; Recording Secretary, Miss E. Thom; Corresponding Secretary, Miss P. N. Gilbert; Treasurer, Miss S. Craig; Honorary Members, Rev. Soeur St. Jean de l'Eucharistie, Miss M. Brown.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss K. Brighty; Vice-President, Miss I. Johnson; Second Vice-President, Miss E. Miller McManus; Secretary, Miss L. Einarson; Corresponding Secretary, Miss G. McDiarmid; Treasurer, Miss A. Oliver; *Committee Conveners:* Programme, Miss G. Allyn; Social, Miss V. Kelly McNeil; Sick Visiting, Miss J. Munro; Membership, Miss M. Cullerne.

A.A. University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss M. Reed; First Vice-President, Miss L. Gourlay; Second Vice-President, Miss B. Fane; Recording Secretary, Miss A. Revell; Corresponding Secretary, Miss D. Duxbury, University Hospital; Treasurer, Miss M. Rowles, University Hospital; Executive, Misses M. Gordon, I. Ross, A. Baker.

A.A., Lamont Public Hospital

Hon. President, Mrs. A. E. Archer; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Namao; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue, W., Calgary; Convener, Social Committee, Mrs. R. Shears.

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Geddes; Vice-President, Miss R. McKernan; Secretary, Miss F. Treavor, Assistant Secretary, Miss V. Dyer; Treasurer, Miss B. Muir; Executive, Misses M. McDonald, E. Berry, I. Clark, V. Pearse, S. Christie, R. McGillivary, K. McDonald.

A.A., Vancouver General Hospital

President, Miss M. Lunan; First Vice-President, Mrs. C. H. C. Bell; Second Vice-President, Mrs. K. Craig; Secretary, Miss I. Collier; Corresponding Secretary, Miss K. Heaney, Vancouver General Hospital; *Committee Conveners:* Programme, Miss A. Croll. Membership, Miss V. Peters; Sick Benefit, Mrs. Maitland; Refreshments, Miss J. Hunter; Press, Mrs. G. E. Gillies; Treasurer and Bonds, Miss Geary, 3176 West 2nd Ave.; Representative, V.G.N.A., Miss Rhodes.

Royal
A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss J. Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss M. Mirfield; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss C. M. Cox; Treasurer, Miss J. Stewart; Entertainment Committee, Mrs. Russell; Sick Nurse, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt, Children's Hospital; Treasurer, Miss M. D. Hughes; Sick Visiting, Miss Edith Jarrett; Entertainment, Mrs. Geo. Wilson

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause; President, Miss K McCallum, 181 Enfield Cr., Norwood; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Winnipeg; Second Vice-President, Miss M. Madill, St. Boniface Hospital; Secretary, Miss J. Archibald, Shriner's Hospital, Winnipeg; Treasurer, Miss E. Shirley, 14 King George Ct., Winnipeg; Social Committee, Miss E. Banks (Convener), 64 Cross St., Winnipeg, Miss J. Williamson, Miss A. Nelson; Sick Visiting Committee, Miss T. Grenville (Convener), 211 Hill St., Norwood; Miss K. Rowan, Miss J. Greig; Press Representative, Miss B. Altman, 420 College Ave., Winnipeg; Representatives to Local Council of Women, Miss B. Altman (Convener), Miss B. Chandler, Miss M. Spooner.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash St.; President, Miss E. Parker, Ste. 25, Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Mrs. J. S. Ward, 197 Beaverbrook St.; Recording Secretary, Miss A. Effler, Ste. 12½ Diana Crt.; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. Duncan, Winnipeg General Hospital; Representative on Training School Committee: Miss K. McLearn, Shriner's Hospital; Membership, Miss I. Ramsay, Central Tuberculosis Clinic; Sick Visiting, Miss J. Morgan, 102 Rose St.; Entertainment, Mrs. C. McMillan, Hertford Blvd., Tuxedo; Editor of Journal, Miss F. McRae, 44 Evanson St.; Assistant Editor, Miss J. Moody, 76 Walnut St.; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Special Committee, Miss P. Brownell, 215 Chestnut St.; Alumnae Club, Miss F. Tretiak, Broad Valley, Man.; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

NEW BRUNSWICK

SAINT JOHN

A.A., Saint John General Hospital

Hon. President, Miss E. J. Mitchell; President, Mrs G. L. Dunlop; First Vice-President, Miss Ethel Henderson; Second Vice-President, Mrs. F. McKelvey; Secretary, Mrs. J. Edgar Beyea, 121 Union St.; Treasurer, Miss Kate Holt; Executive Committee, Miss Margaret Murdoch, Miss R. Reid, Mrs. J. H. Vaughan.

ST. STEPHEN

A.A., Chipman Memorial Hospital, St. Stephen

President, Miss Myrtle Dunbar; First Vice-President, Mrs. H. W. Short; Second Vice-President, Miss Rosa Madsen; Secretary, Miss Estella Gibbon, St. Stephen; Treasurer, Mrs. Cedric H. Dinsmore; Board of Directors: Misses J. Sinclair, I. Hart, J. Bavis, Mrs. R. Bartlett; *Committee Conveners:* Programme, Mrs R. Mallory, Misses E. Gibbon, E. Giles, Mrs. H. Short; Refreshment, Misses E. Spinney, D. Devlin, Mrs. R. Bartlett; Nominating, Misses F. Cunningham, I. Hart

WOODSTOCK

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs. Harry Dunbar; Vice-President, Miss Gladys Hayward; Secretary-Treasurer, Miss Pauline Palmer; Board of Directors: Miss G. Tams, Mrs. B. Sutton, Mrs. Fulton, Miss M. Samphier, Miss N. Veness; *Committee Conveners:* Programme, Mrs. P. Caldwell, Miss E. Kerr, Miss E. Dunbar, Miss B. Bellis; Sick Visiting, Miss H. Cummings, Miss D. Peabody, Miss Mersereau; Editor, Miss M. Samphier.

ONTARIO

BELLEVILLE

A.A., Belleville General Hospital

Hon. President, Miss Florence McIndoo; President, Miss Reta Fitzgerald; Vice-President, Mrs. J. Andrews; Secretary, Miss L. Smith; Treasurer, Miss Marion MacFarlane; Flower Committee, Miss Betty McEwan; Representative to *The Canadian Nurse*, Miss H. Thompson.

BRANTFORD

A.A., Brantford General Hospital

Hon. President, Miss E. M. McKee; President, Miss K. Charnley; Vice-President, Miss G. Turnbull; Secretary, Miss F. J. Batty, 52 Charlotte St., Brantford; Assistant-Secretary, Miss V. Buckwell; Treasurer, Miss L. R. Gillespie, General Hospital; Social Convener, Mrs. F. Doherty; Flower Committee, Mrs. Phillips, Miss W. Laird, Miss M. M. Nichol; Gift Committee, Miss J. Edmondson, Mrs. E. Claridge; *The Canadian Nurse* and Press Representative, Miss H. Diamond; Chairman, Private Duty Council, Miss P. Cole; Representative to Local Council of Women, Miss R. Cleaves.

BROCKVILLE

A.A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to *The Canadian Nurse*, Miss V. Kendrick.

CHATHAM

A.A., Public General Hospital

Hon. President, Miss P. Campbell; President, Miss B. Pardo; Vice-President, Miss K. Crackle; Second Vice-President, Miss F. Houston; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss R. Willmore; Asst. Secretary, Miss M. Stacey; Treasurer, Miss B. Haley; Press Correspondent, Miss R. Baker; *Committee Conveners:* Refreshment, Miss M. Wickett; Buying, Misses J. Finney, M. McNaughton and Mrs. R. F. Mitchell; Floral, Miss E. Orr; Social, Mrs. T. Burke; Councillors, Misses V. Dyer, L. Baird, A. Head, E. Liberty; Representative to *The Canadian Nurse*, Miss P. Griffeth.

A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Ruth Winter; Vice-President, Miss M. Kearns; Secretary-Treasurer, Miss J. Lundy, 112 Van Allen Ave.; Executives, Misses H. Gray, I. Poissant, Z. Martin, Mrs. R. Hodgin; Representative District No. 1, R.N.A.O., Miss Jessie Ross; Representative to *The Canadian Nurse*, Miss Y. L. Chauvin.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. I. P. MacIntosh; President, Miss Verna Meldrum; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

GALT

A.A., Galt Hospital

Hon. President, Miss A. Cleaver; President, Miss S. Mitchell; Secretary, Miss L. MacNair, 91 Victoria Ave.; Assistant Secretary, Miss T. Rainey; Treasurer, Miss A. MacDonald; Flower Convener, Miss Rutherford; Representative to *The Canadian Nurse* and Press Representative, Miss M. Vandyke.

GUELPH

A.A., Guelph General Hospital

Hon. President, Miss S. A. Campbell, Superintendent, Guelph General Hospital; President, Miss L. Ferguson; First Vice-President, Miss K. Cleghorn; Second Vice-President, Miss M. Wood; Secretary, Miss N. Kenney, Guelph General Hospital; Treasurer, Miss J. Watson; *Conveners of Committees:* Social, Mrs. L. Jackson; Programme, Miss E. Eby; Flower, Miss I. Wilson; Representative to *The Canadian Nurse*, Miss L. Sinclair.

HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss E. C. Rayside; President, Mrs. R. Hess; Vice-President, Miss M. Bain; Recording Secretary, Miss M. Matheson; Corresponding Secretary, Miss H. Hauert, Hamilton General Hospital; Treasurer, Miss J. Jackson, 326 Main W.; Assistant Treasurer, Miss G. Hodgson; Secretary-Treasurer, Mutual Benefit Association, Miss O. Watson, 143 Emerald S.; *Committee Conveners:* Executive, Miss H. Aitken; Flower, Miss A. Squires; Programme, Miss M. Gosnell; Registry, Miss N. Thompson; Budget, Mrs. M. Barlow; Representative to *The Canadian Nurse*, Miss A. Scheifele.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Eva Moran; Vice-President, Miss F. Nicholson; Secretary, Miss Mabel MacIntosh, 168 Ray St.; Treasurer, Miss M. Kelly; Representative to *The Canadian Nurse*, Miss B. McKenna, 277 Herkimer St.; Representative R.N.A.O., Miss J. Morin.

KINGSTON

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. A. Hearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; Executive, Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; Visiting Committee, Misses N. Speagle, L. Sullivan, L. La Rocque; Entertainment Committee, Mrs. R. W. Clarke, Misses N. Hickey, B. Watson.

A.A., Kingston General Hospital

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; Vice-President, Miss Florence Smart; Secretary, Miss Vonnie MacMartin, Kingston General Hospital; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss Emma Sharp, Kingston General Hospital.

KITCHENER

A.A., Kitchener and Waterloo General Hospital

Hon. President, Miss K. W. Scott; President, Mrs. Walter Ziegler; First Vice-President, Miss Thelma Sitler; Second Vice-President, Miss Elsie Trouse; Secretary, Miss Jean Sinclair, 144 Water St. S.; Assistant Secretary, Miss Marion Ballantyne; Treasurer, Miss Mary Orr.

LINDSAY

A.A., Ross Memorial Hospital

Hon. President, Miss E. Reid; President, Miss L. Harding; First Vice-President, Mrs. O. Walling; Second Vice-President, Mrs. M. Thurston; Corresponding Secretary, Miss E. Dawson; Treasurer, Mrs. G. R. Allen; Flower Convener, Miss E. Lowe; Social Convener, Miss K. Mortimore.

LONDON

A.A., Ontario Hospital

Hon. President, Miss Mary L. Jacobs; President, Miss N. M. Williams, 55 Edward St.; First Vice-President, Mrs. V. M. Reilly; Second Vice-President, Miss F. R. Ball; Secretary, Mrs. E. D. Grosvenor, 52 Doulton Ave.; Treasurer, Miss E. Kennedy, Ontario Hospital; Social Committee, Misses I. Lindsay, L. Kelly; Press Representative, Miss F. Burls.

A.A., St. Joseph's Hospital

Hon. President, Mother M. Patricia; Hon. Vice-President, Sister M. Ruth; President, Miss Olive O'Neil; First Vice-President, Miss Madalene Baker; Second Vice-President, Miss Erla Beger; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Gladys Gray, Press Representative, Miss Stella Gignac; Representatives to Registry Board, Misses Rhea Rouatt, Cecile Slattery, Olive O'Neil.

A.A., Victoria Hospital

Hon. President, Miss Hilda Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. M. Jones, 257 Ridout St. S.; First Vice-President, Miss H. Huston; Second Vice-President, Miss M. McLaughlin; Treasurer, Miss D. Atkinson, 174 Langarth St.; Secretary, Miss F. Quigley; Corresponding Secretary, Miss M. Smith, Victoria Hospital; Board of Directors, Misses C. Gillies, A. Malloch, J. Mortimer, M. Yule, C. Skinner, Mrs. C. Rose.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Miss A. Irving; First Vice-President, Miss V. Coutts; Second Vice-President, Mrs. H. English; Secretary-Treasurer, Miss F. J. Loftus, 823 McRae St. Corresponding Secretary, Miss A. Pirie; Auditors, Miss Day, Mrs. Sharpe; Sick Committee, Mrs. Teal, Miss Carson, Miss Thorpe.

ORANGEVILLE

A.A., Lord Dufferin Hospital

Hon. President, Mrs. O. Fleming; President, Miss L. M. Sproule; First Vice-President, Miss V. Lee; Second Vice-President, Miss I. Allen; Corresponding Secretary, Miss M. Bridgeman; Recording Secretary, Miss E. M. Hayward; Treasurer, Miss A. Burke.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss L. McKenzie; First Vice-President, Miss J. Harper; Second Vice-President, Miss C. Robinson; Corr. Secretary, Miss Alice M. Smith, 103 Mary St.; Rec. Secretary, Miss L. M. Whitton; Treasurer, Miss A. V. Reekie, Soldiers' Memorial Hospital, Orillia.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams, General Hospital; President, Miss J. McIntosh, 414 Masson St.; First Vice-President, Miss J. Thompson, 115 Agnes St.; Second Vice-President, Miss R. Post, General Hospital; Secretary, Miss M. Chappell, 259 Celina St.; Assistant Secretary, Miss M. Tribble, 91 Connaught St.; Corresponding Secretary, Miss E. Clark, 97 Athol St.; Treasurer, Miss E. Dickinson, 534 Mary St.

OTTAWA

A.A., Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton; President, Miss Jean Blyth; Vice-President, Miss M. McNiece; Secretary, Miss Gertrude Halpenny, Protestant Children's Village; Treasurer, Miss M. Slinn, 204 Stanley Ave.; Board of Directors: Misses E. McColl, S. McQuade, L. Bedford, M. Stewart; *Committee Conveners:* Flower, Mrs. V. Boles; Press, Mrs. W. C. Elmitt; Representative to *The Canadian Nurse*, Miss A. Ebbs.

A.A., Ottawa Civic Hospital

Hon. President, Miss Gertrude Bennett; President, Miss Edna Osborne; First Vice-President, Miss Dorothy Moxley; Second Vice-President, Miss E. Curry; Recording Secretary, Miss Mary Lamb; Corresponding Secretary, Miss Downey; Treasurer, Miss Winnifred Gemmell; Executive Committee, Miss Mulvaugh, Miss Lera Barry, Miss Bertha Farmer, Miss D. Johnston, Miss D. Kelly; Representatives to Central Registry, Miss Katie Clark, Miss L. Boyle; Convener Flower Committee, Miss G. Ferguson; Press Representative, Miss E. Pepper.

A.A., Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitille; President, Miss K. Bayley; First Vice-President, Miss G. Clark; Second Vice-President, Miss M. Munroe; Secretary-Treasurer, Miss Dorothy Knox, Ottawa General Hospital; Membership Secretary, Miss F. Poitras; Sick Committee, Miss P. Bissonnette, Miss S. Kearns, Miss B. Legris; Representative to *The Canadian Nurse*, Miss E. Kennedy; Representatives to Local Council of Women, Mrs. Latimer, Mrs. Dunne and Mrs. Le Clair; Representatives to Central Registry, Miss Rogers, Miss M. Landreville.

A.A., St. Luke's Hospital

Hon. President, Miss E. Maxwell; President, Miss M. MacLaren; Vice-President, Miss M. Lunan; Secretary, Miss M. Nelson, 44 First Ave.; Treasurer, Miss I. Allan, 1188 Gladstone Ave.; Central Registry, Misses M. Wilson, S. Carmichael; Nominating Committee, Misses S. Clark, S. Carmichael, E. Young; Representative to *The Canadian Nurse*, Miss M. Drummond, Civic Hospital.

OWEN SOUND

A.A., Owen Sound General and Marine Hospital

Hon. President, Miss B. Hall; President, Miss F. Rae; First Vice-President, Miss M. Paton; Second Vice-President, Miss J. Agnew; Secretary, Miss A. Robertson, 473-12th St. W.; Treasurer, Miss A. Weedon; Pianist, Miss R. Dunoon; Flower Committee, Mrs. McMillan; Programme Committee, Miss M. Cruickshank; Sick Committee, Miss M. Sim; Press Representative, Miss H. Walden; Refreshment Committee, Miss C. Penner; Auditor, Mrs. Johnston.

PETERBORO

A.A., Nicholls Hospital

Hon. President, Mrs. E. M. Leeson; President, Miss A. Dobbin; First Vice-President, Miss H. Russell, Second Vice-President, Miss L. Simpson; Secretary; Miss S. Battersby, 406 Sheridan St.; Treasurer, Miss S. Wood, 212 Barnardo Ave.; Corresponding Secretary; Miss E. Wagar, 273 Park St.; Social Convener, Miss M. Watson.

SARNIA

A.A., Sarnia General Hospital

Hon. President, Miss M. Lee; President, Miss L. Segrist; Vice-President, Miss A. Cation; Secretary, Miss A. Silverthorn; Treasurer, Miss A. Wilson, Representative to *The Canadian Nurse*, Miss C. Medcroft; Flower Committee (Convener), Miss D. Shaw; Programme and Social Committee, Miss L. Segrist.

STRATFORD

A.A., Stratford General Hospital

Hon. President, Miss A. M. Munn; President, Miss L. Attwood; Vice-President, Miss M. McMaster; Secretary-Treasurer, Mrs. K. Snider, 36 Douglas St.; Social Convener, Miss A. Rock; Flower Convener; Miss C. Staples.

ST. CATHERINES

A.A., Mack Training School

Hon. President, Miss Anne Wright; President Miss Nora Nold; First Vice-President, Miss M. McClunie; Second Vice-President, Miss E. Horton; Secretary, Miss J. Smith, 128 Queenston St., St. Catharines; Treasurer, Miss E. Daboll, 1 Fitzgerald St.; *Conveners:* Social, Miss Bernice Rule; Programme, Miss Aleda Brubacher; Representative to *The Canadian Nurse*, Miss Emily Purton, Box No. 35, Thorold.

ST. THOMAS

A.A., Memorial Hospital

Hon. President, Miss Armstrong; Hon. President, Miss Buchanan; President, Miss Bella Mitchener; First Vice-President, Miss Annie Campbell; Second Vice-President, Miss Jervell; Recording Secretary; Miss Esseltine; Corresponding Secretary, Miss Lamond, Treasurer, Miss Claypole; Executives, Miss McAlpine, Miss Irvine, Miss Nona Mannix, Miss Hazel Hastings, Miss L. Crane; *Committee Conveners:* Nominating, Miss J. Grant; Sick Nursing, Miss E. Lanyon; Social, Miss C. Robertson; Purchasing, Miss L. Ronson; Ways and Means, Miss Olive Paddon; Representative to *The Canadian Nurse*, Miss Amy Prince; Representative to the R.N.A.O., Miss Mary May.

TORONTO

A. A. Grace Division, Toronto Western Hospital

Hon. President, Mrs. C. J. Currie; President, Miss A. O. Bell; Recording Secretary, Miss Doris L. Kent; Corresponding Secretary, Miss May Hood, Grace Hospital, Toronto; Treasurer, Miss V. M. Elliott, 194 Cottingham St.

A.A., The Grant MacDonald Training School for Nurses

Hon. President, Miss Esther M. Cook, 130 Dunn Ave.; President, Miss Ida Weekes, 130 Dunn Ave.; Vice-President, Mrs. Marion Smith; Recording Secretary, Miss Norma McLeod; Corresponding Secretary, Miss Ethel Watson, 130 Dunn Ave.; Treasurer, Miss Phyllis Lawrence; Social Convener, Miss Betty Blythe.

A.A., Hospital for Sick Children

Hon. Presidents, Mrs. Goodson, Miss F. Potts; Hon. Vice-President, Miss Austin; President, Mrs. Strachan; Vice-Presidents, Mrs. Cassan, Mrs. Raymond; Recording Secretary, Miss E. Langman; Corresponding Secretary, Miss M. Blackwood; Treasurer, Miss Deck, 613 Avenue Rd.; *Committee Conveners:* Social, Mrs. A. Russell; Flower, Miss H. Fisher; Programme, Miss Elliott; Publications, Miss S. E. Lewis; Registry, Miss Currie; Welfare, Miss Parker; R.N.A.O., Miss Miller.

A.A., Riverdale Hospital

President, Miss Armstrong; First Vice-President, Miss Gastrill; Second Vice-President, Miss M. Thompson; Secretary, Miss Staples, Riverdale Hospital; Treasurer, Mrs. H. Dunbar 83 Peplar Ave.; Board of Directors, Miss Mathieson, Miss Stratton, Miss Breeze, Miss Baxter, Miss Lowrie, Riverdale Hospital.

A.A., St. John's Hospital

Hon. President, Sister Beatrice, Superintendent, St. John's Covent; President, Miss S. Morgan; First Vice-President, Miss J. Vanderwell; Second Vice-President, Miss N. Hetherington; Secretary, Miss W. Webb, 77 Summerhill Ave.; Treasurer, Miss D. Whiting; Corresponding Secretary, Miss M. Martin; *Conveners:* Entertainment Committee, Miss M. Davies; Sick Visiting, Miss H. Frost; Press Representative, Miss F. Young, 227 Milverton Blvd., Toronto 6.

A.A., St. Joseph's Hospital

Hon. President, Rev. Sister Mary Margaret; President, Miss M. Kelly; First Vice-President, Miss O. Kidd; Second Vice-President, Miss M. Daly; Recording Secretary, Miss M. Goodfriend; Corresponding Secretary, Miss V. Hanley; Treasurer, Miss F. Robinson; Councillors, Misses A. Timlin, L. Dunbar, I. Power, R. McCue.

A.A., St. Michael's Hospital

Hon. President, Rev. Sister Norine; Hon. Vice-President, Rev. Sister Jeanne; President, Miss Marie Melody; First Vice-President, Miss Crocker; Second Vice-President, Miss R. Grogan; Third Vice-President, Miss J. O'Connor; Treasurer, Miss G. Coulter, Apt. 404, 42 Isabelle St.; Assistant Treasurer, Miss I. Nealon; Recording Secretary, Miss M. Doherty, St. Michael's Hospital; Corresponding Secretary, Miss K. McAuliffe, Eastwood Apt., Sherbourne St.; *Private Duty Representative,* Miss McGuire; *Public Health Representative,* Miss H. Kerr; Press Representative, Miss Regan; Councillors, Misses M. Brown, L. McGurk, C. Cronin.

A.A., Toronto General Hospital

Hon. President, Miss Jean Gunn; President, Miss Jean Anderson, 149 Glenholme Ave.; First Vice-President, Miss Margaret Dulmage; Second Vice-President, Miss Elvira Manning; Secretary, Miss Mary Filder, 25 Braemar Ave.; Treasurer, Miss Hilda MacLennan, 14 Lynwood Ave.; Assistant Treasurer, Miss Evelyn Robson; Archivist, Miss Jean Knisely; *Conveners of Committees:* Programme, Miss Clara Brown; Press, Miss Marion Stewart; Social, Mrs. J. H. Thurgson; Nominations, Miss Pauline Steves; Insurance, Miss Effie Forgie; Flower, Miss Margaret McKay; Elizabeth Field Smith Memorial Fund, Miss Gretta Ross.

A.A., Toronto Orthopedic and East General Hospital Training School for Nurses

Hon. President, Miss E. McLean, Toronto East General Hospital; President, Miss H. Louis, 1806 Danforth Ave.; Secretary-Treasurer, Miss N. V. Wilson, 50 Cowan Ave.; Representatives to Central Registry, Miss B. MacIntosh, 748 Soudan Ave., Miss M. Beston, 232 Millwood Rd.; Representative to R.N.A.O., Miss B. MacIntosh.

A.A., Toronto Western Hospital

Hon. President, Miss B. L. Ellis; President, Miss F. Matthews, 74 Westmount Ave.; Vice-President, Miss U. Colwell; Recording Secretary, Miss G. Patterson; Secretary-Treasurer, Miss Helen Stewart, Toronto Western Hospital; Representative to *The Canadian Nurse,* Miss F. Greenaway.

A.A., Wellesley Hospital

Hon. President, Miss Ross; President, Miss Jessie Gordon; Vice-President, Miss Lindsay; Corresponding Secretary, Miss M. Anderson, 168 Isabella St.; Recording Secretary, Miss Bungay; Treasurer, Miss Little, 168 Isabella St.; Correspondent to *The Canadian Nurse,* Miss I. Onslow.

A.A., Women's College Hospital

Hon. President, Mrs. Bowman; Hon. Vice-President, Miss Meiklejohn; President, Miss Worth, 93 Scarboro Beach Blvd.; Secretary, Miss Free, 48 Northumberland St. Trensurer; Miss Fraser, 125 Rusholme Road.

A.A., Connaught Training School for Nurses Toronto Hospital, Weston

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; Vice-President, Miss Ann Polwell, Toronto Hospital, Weston; Secretary, Miss G. Leeming, Toronto Hospital, Weston; Treasurer, Miss R. McKay, Toronto Hospital, Weston; Convener of Social Committee, Miss M. Jones, Toronto Hospital, Weston.

WINDSOR

A.A., Grace Hospital

Hon. President, Adjutant A. Butt; President, Miss E. Williams; Vice-President, Miss G. Sutherland; Secretary, Miss Gladys Duffield, 218 Peter St. W., Sandwich; Treasurer, Miss W. Mervin; Press Secretary, Miss C. McLaren.

A.A., Hotel Dieu, Windsor

Hon. President, Rev. Mother Marie de La Ferre; President, Miss Mary Perrin; First Vice-President, Miss Marie Odette; Second Vice-President, Miss Zoe Londeau; Secretary, Miss M. Spence; Treasurer, Miss Mary Fenner; *Conveners of Committees:* Misses J. Londeau, H. Mahoney, M. McClory.

WOODSTOCK

A.A., General Hospital

First Hon. President, Miss Frances Sharpe; Second Hon. President, Miss Helen Potts; President, Miss Mabel Costello; Vice-President, Miss Anna Cook; Recording Secretary, Miss Lila Jackson; Corresponding Secretary and Press Representative, Miss May Davison, 567 Adelaide St.; Assistant Secretary, Miss Jean Kelly; Treasurer, Miss M. MacPherson; Assistant Treasurer, Miss E. Eluf; *Conveners of Committees:* Programme, Miss D. Craig; Flower and Gift, Miss D Hobbs; Social, Miss J. Anderson.